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Bloomington, Indiana 47403-1599**

**ON-SITE SCHOOL BUS
FIRE INVESTIGATION**

**CASE NO. - 95-16
FLEET - SCHOOL CORPORATION VEHICLE
LOCATION
ACCIDENT DATE - 1995**

Submitted By:

**Senior Staff Associate
1995**

Contract Number:

Prepared for:

**U.S. Department of Transportation
National Highway Traffic Safety Administration
National Center for Statistics and Analysis
Washington, D.C. 20590**

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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

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14. Sponsoring Agency Code			
15. Supplementary Notes On-site school bus fire investigation involving a 1986 Chevrolet, 66-passenger, school bus (i.e., 6000 series chassis and cowl, body by Bluebird) with a manual lap belt for the driver (i.e., no other restraints)			
16. Abstract This report covers an on-site investigation of a school bus crash and subsequent fire that involved a 1986 Chevrolet-Bluebird school bus and a 1985 Chevrolet Cut-away van. The school bus was traveling east in the eastbound lane of a two-lane, undivided, county roadway and was entering a four-leg intersection. The cutaway van which was traveling north in the northbound lane of another two-lane, undivided, county roadway and was also entering the same intersection. The right rear of the school bus (i.e., case vehicle's right rear wheel and rearward) was impacted by the front of the cutaway van (vehicle #2) causing a fire to begin in vehicle #2's engine compartment. According to the Fire Incident Report and the driver of vehicle #2, the fire started immediately upon impact. After the initial impact, both vehicles remained in contact (i.e., sustained) with each other. The case vehicle rotated clockwise after the initial impact and the right rearmost portion was subsequently sideslapped by the left, outside, rearview mirror of vehicle #2. The case vehicle continued to rotate clockwise while moving northeastward toward the northeast corner of the intersection. According to the case vehicle's driver, as its rear end departed the roadway, the case vehicle started to tip over, but uprighted itself when it struck and sheared a utility pole. The case vehicle came to rest heading southeast, completely blocking both travel lanes on the east leg of the intersection. Vehicle #2 rotated approximately 45 degrees clockwise after its initial impact and subsequently sideslapped the case vehicle before moving with the case vehicle in a northeasterly direction. Vehicle #2 came to rest almost perpendicular to the case vehicle with its front end hanging off the northeast corner of the intersection heading northeast. At their final rest positions, both vehicles were completely consumed by the fire. The case vehicle's driver (58 year-old female) was using her available, active, two-point lap belt and sustained, according to her interview, minor injuries which include: a cervical strain (i.e., upper back and neck spasms) and a contusion to her medial lower leg (i.e., calf). According to the case vehicle's driver, there were 26 students on the bus at the time of the crash. According to the Police Accident Report nine of the student passengers sustained minor contusions and abrasions. The driver (48 year-old female) of vehicle #2 was using her available, active, three-point, lap and shoulder belt and sustained, according to her interview and medical records, minor soft tissue injuries which included: an abrasion and multiple contusions and lacerations.			
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TABLE OF CONTENTS

	<u>Page No.</u>
SUMMARY	1
CRASH SCHEMATIC	2
ACCIDENT DATA	3
AMBIENT CONDITIONS	3
ROADWAY	3
TRAFFIC CONTROLS	4
VEHICLES	4
VEHICLE DAMAGE	5
EXTERIOR	5
Right Angle Impact	5
Sideslap Impact	6
Fixed Object Impact	6
INTERIOR	7
REPAIR	7
VEHICLE VELOCITY ESTIMATES	7
COLLISION SEQUENCE	8
PRE-CRASH	8
CRASH	8
POST-CRASH	9
Occupants	9
Police	9
Rescue	9
Removal	10
HUMAN FACTORS/OCCUPANT DATA	10
DRIVERS	10
INTERVIEWED OCCUPANTS	11
CASE VEHICLE DRIVER INJURIES	11
SECOND CASE VEHICLE OCCUPANT INJURIES	12
THIRD CASE VEHICLE OCCUPANT INJURIES	12
FOURTH CASE VEHICLE OCCUPANT INJURIES	12
FIFTH CASE VEHICLE OCCUPANT INJURIES	12
SIXTH CASE VEHICLE OCCUPANT INJURIES	12
SEVENTH CASE VEHICLE OCCUPANT INJURIES	13
EIGHTH CASE VEHICLE OCCUPANT INJURIES	13
NINTH CASE VEHICLE OCCUPANT INJURIES	13

TABLE OF CONTENTS (CONTINUED)

	<u>Page No.</u>
TENTH CASE VEHICLE OCCUPANT INJURIES	13
VEHICLE #2 DRIVER INJURIES	13
CASE VEHICLE DRIVER KINEMATICS	14
PASSENGER KINEMATICS	15
CASE VEHICLE EVACUATION	15
DISCUSSION	16
ACCIDENT COLLISION MEASUREMENT TABLE	17
Appendix A: Police Accident Report, Fire Incident Report, and Police Accident Report Supplement	19
Appendix B: Reconstruction Program Results CRASHPC (Barrier Option--Vehicle #2)	25
Appendix C: NASS CDS Accident Form	32
Appendix D: NASS CDS Vehicle Forms: Case Vehicle	34
Appendix E: NASS CDS Vehicle Forms: Vehicle #2	45
Appendix F: NASS CDS Interview Form: Case Vehicle Driver	66
Appendix G: Abbreviated NASS CDS Interview Forms: Case Vehicle Occupants	75
Appendix H: NASS CDS Interview Form: Vehicle #2 Driver	82
Appendix I: NASS CDS Occupant Assessment Form: Case Vehicle Driver	91
Appendix J: NASS CDS Occupant Injury Form: Case Vehicle Driver	97
Appendix K: NASS CDS Occupant Assessment Forms: Case Vehicle Occupants	102
Appendix L: NASS CDS Occupant Injury Forms: Case Vehicle Occupants	148
Appendix M: NASS CDS Occupant Assessment Form: Vehicle #2 Driver	168
Appendix N: NASS CDS Occupant Injury Form: Vehicle #2 Driver	174

TRC/IU ON-SITE SCHOOL BUS FIRE INVESTIGATION

TRC/IU CASE NO. 95-16

FLEET - SCHOOL CORPORATION VEHICLE LOCATION -

SUMMARY

This report concerns a motor vehicle crash and subsequent fire involving a 1986 Chevrolet school bus (i.e., 6000 series bus chassis and cowl, body by Bluebird) and a 1985 Chevrolet cutaway van occurring on Thursday, [REDACTED] 1995 at 8:20 a.m., near [REDACTED] on a county road. This crash is of special interest because the school bus was consumed by the subsequent fire.

The school bus was traveling east in the eastbound lane of a two-lane, undivided, county roadway and was entering a four-leg intersection when it collided with the cutaway van which was traveling north in the northbound lane of another two-lane, undivided, county roadway and was also entering the same intersection. After the initial impact, both vehicles remained in contact (i.e., sustained) with each other. The school bus rotated clockwise after the initial impact and was subsequently sideslapped by the cutaway van. The school bus continued to rotate clockwise while moving northeastward toward the northeast corner of the intersection. According to the driver of the school bus, as the bus's rear end departed the roadway, it started to tip over, but uprighted itself when it struck and sheared a utility pole. The Chevrolet school bus came to rest heading southeast, completely blocking both travel lanes on the east leg of the intersection. According to the Fire Incident Report and the driver of the cutaway van, the engine compartment of her van immediately burst into flames upon its initial impact with the school bus. The cutaway van rotated approximately 45 degrees clockwise after its initial impact and subsequently sideslapped the bus before moving with the bus in a northeasterly direction. The Chevrolet cutaway van came to rest almost perpendicular to the school bus with its front end hanging off the northeast corner of the intersection heading northeast. At their final rest positions, both vehicles were completely consumed by the fire.

The right rear of the school bus (i.e., right rear wheel and rearward) was impacted by the front of the cutaway van causing a fire to begin in the van's engine compartment. Subsequently, the left, outside, rearview mirror of the cutaway van sideslapped the right rearmost portion of the Bluebird bus body, and the left rear of the school bus impacted the utility pole. CDCs were determined to be: 12-FDEW-3 and 09-LPGN-1 for the cutaway van. Neither CDC or TDC is applicable to the school bus. No reconstruction program was used on this crash because the NASS, CDS, CRASH3PC protocol requires that both of the involved vehicles be CDC-applicable; however, this contractor's visually estimated Delta Vs are between 10 k.p.h. (6 m.p.h.) and 25 k.p.h. (16 m.p.h.) for the school bus and between 25 k.p.h. (16 m.p.h.) and 40 k.p.h. (25 m.p.h.) for the cutaway van.

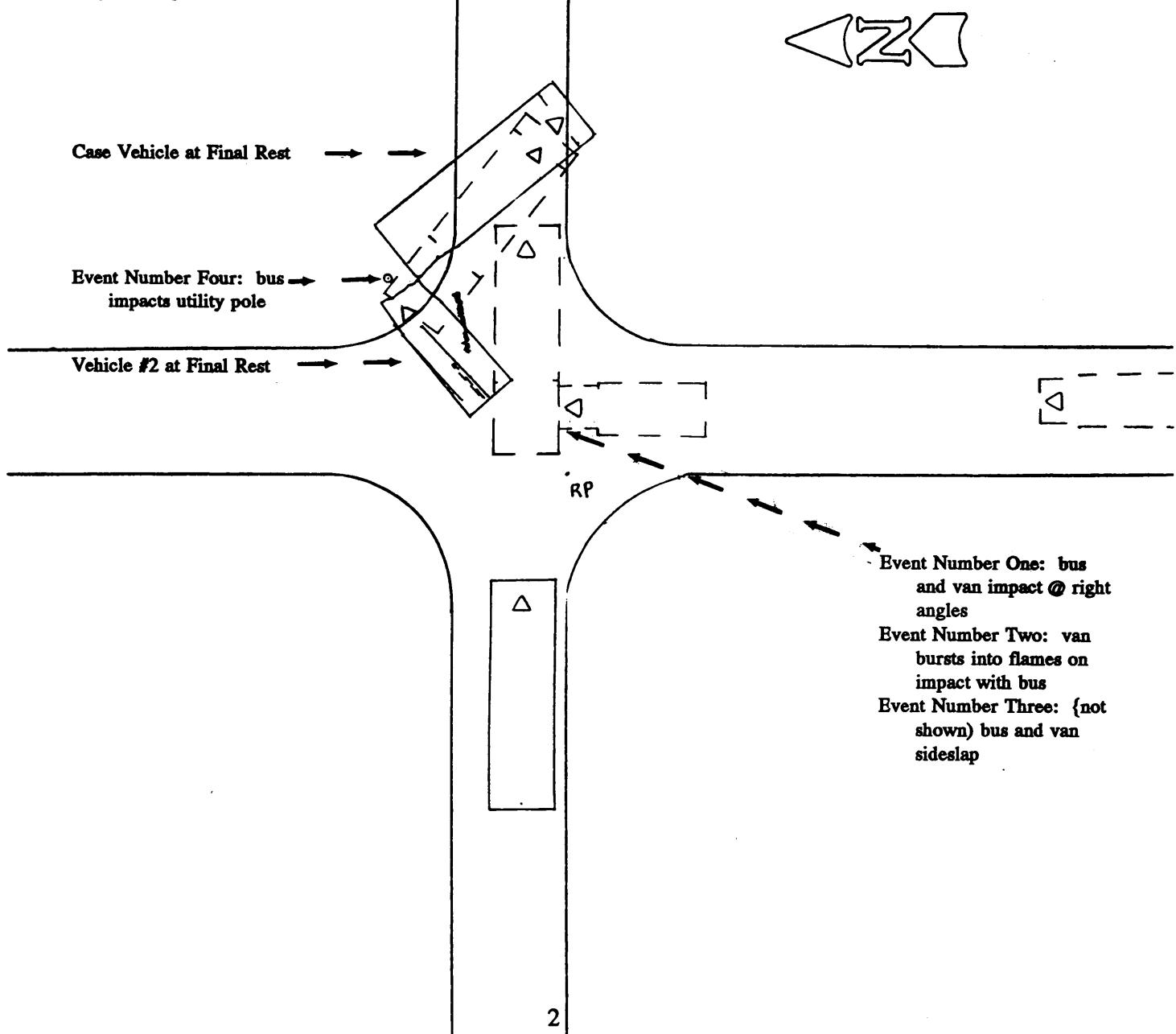
The 1986 Chevrolet-Bluebird school bus was equipped with an active, two-point, lap belt in the driver position only. According to the driver (58 year-old female) of the school bus, she was using her lap belt. According to her interview, she sustained minor injuries which include: a cervical strain (i.e., upper back and neck spasms) and a contusion to her medial lower leg (i.e., calf). The driver of the school bus was listed on the Police Accident Report as not sustaining any injury as a result of this crash. According to the driver's interview, there were 26 students on the bus at the time of the crash. According to the Police Accident Report nine of the student passengers sustained minor contusions and abrasions and were listed on the Police Accident Report as sustaining "B" (nonincapacitating-evident) or "C" (possible) injuries. The driver (48 year-old female) of the cutaway van was using her available, active, three-point, lap and shoulder belt and was listed on the Police Accident Report as sustaining an "A" (incapacitating) injury as a result of this crash. According to her interview, she sustained minor injuries which include: an abrasion and multiple contusions and lacerations.

CRASH SCHEMATIC

TRC/IU CASE NO. 95-16

Scale: 1 cm = 2.5 m
(prior to reduction @ 94%)

Road Surface: Asphalt
Road Condition: Dry
Curvature: Straight
Slope, pre-impact = Level
Slope, at impact = Level



TRC/IU ON-SITE SCHOOL BUS FIRE INVESTIGATION

TRC/IU CASE NO. 95-16

FLEET - SCHOOL CORPORATION VEHICLE LOCATION

ACCIDENT DATA

Location/Street: County Road
City/Township: near
Area/Type: Rural, Agricultural
Accident Date/Time: 1995, @ 8:20 a.m.
Investigating Police Agency: State Police
Accident Type: School Bus / Cutaway Van - right angle
Occupant Injury Severity (case vehicle): Contusions, Lacerations (AIS-1)

AMBIENT CONDITIONS

Light Conditions: Daylight
Weather Condition: Clear
Precipitation: None
Road Surface: Dry

ROADWAY

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Location:	County road	County road
Number of Travel Lanes:	2-lanes, undivided	2-lanes, undivided
Width:	2.6 m	2.9 m
Surface Type:	Asphalt	Asphalt
Median:	None	None
Shoulders:	Unimproved, grass	Unimproved, grass
Vertical alignment:	Level	Level

ROADWAY (CONTINUED)

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Horizontal alignment:	Straight	Straight
Estimated Coefficient of Friction:	.80	.80
Traffic Density:	Light	Light

TRAFFIC CONTROLS

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Signals:	None	None
Signs:	STOP sign	SPEED LIMIT sign
Markings:	None	None
Speed Limit:	72 k.p.h. (45 m.p.h.)	72 k.p.h. (45 m.p.h.)

VEHICLES

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Year:	1986	1985
Make:	Chevrolet; Bluebird body	Chevrolet
Model:	Incomplete vehicle, 6000 series chassis - cowl, 4x2	Incomplete vehicle, chassis - cab, 4x2, 1 ton
Body Type:	School bus, 66-passenger	Commercial cutaway van, full sized
V.I.N.:	1GBJ6P1B7GV-----	2GBHG31M2F4-----
Color:	Yellow	White according to the Police Accident Report Supplement
Mileage:	222,584 km (138,307 miles)	Unknown, burnt
Engine:	6.0 liters, V8	5.7 liters, V8
Transmission:	Manual, 4-speed	Automatic, 3-speed
Steering:	Power-assisted, worm and gear	Power-assisted, worm and gear

VEHICLES (CONTINUED)

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Brakes:	Power-assisted, front disc, rear drum	Power-assisted, front disc, rear drum
Padding:	Unknown, interior gutted by fire	Unknown, interior gutted by fire and filled with debris
Active Restraints:	Lap belt only	3-point lap and shoulder belt for both front bucket seats
Passive Restraints:	None	None
Defects:	None according to the Police Accident Report Supplement	Unknown
Fleet:	School Corporation	Private vehicle
Tow status:	Towed due to damage	Towed due to damage

VEHICLE DAMAGE

<u>EXTERIOR</u>	<u>Case Vehicle</u>	<u>Vehicle #2</u>
<u>Right Angle Impact</u>		
Event number:	First	First
Object Struck:	Vehicle #2	Case Vehicle
Damage location		
Damaged Plane:	Right	Front
Vertical Location		
On Plane:	Sill and below	Bumper and above
Direct Begins:	24 cm (9.4 in) forward of right rear axle	From left bumper corner to right bumper corner
Length Direct:	346 cm (136.2 in)	165 cm (65.0 in)
Field L:	356 cm (140.2 in)	158 cm (62.2 in)
C ₁ :	Not applicable	17 cm (6.7 in)
C ₂ :	Not applicable	19 cm (7.5 in)
C ₃ :	Not applicable	19 cm (7.5 in)
C ₄ :	Not applicable	19 cm (7.5 in)
C ₅ :	Not applicable	29 cm (11.4 in)
C ₆ :	Not applicable	22 cm (8.7 in)
D:	Not applicable	0 cm (0.0 in)
Maximum Crush:	18 cm (7.1 in)	31 cm (12.2 in)
Location:	Not applicable	Near C ₅

VEHICLE DAMAGE (CONTINUED)

<u>EXTERIOR</u> (Continued)	<u>Case Vehicle</u>	<u>Vehicle #2</u>
<u>Right Angle Impact</u> (Continued)		
CDC:	Not applicable	12-FDEW-3
Damaged Components:	Right rear wheel and side panel	Front bumper, hood, and headlight assemblies; right and left fenders
<u>Sideslap Impact</u>		
Event number:	Third	Third
Object Struck:	Vehicle #2	Case Vehicle
Damage location		
Damaged Plane:	Right	Left
Vertical Location		
On Plane:	Not applicable	Above beltline
Direct Begins:	Not measured	On left outside rearview mirror
Length Direct:	Not measured	Not measured
Field L:	Not measured	Not measured
C ₁ :	Unknown	Unknown
C ₂ :	Unknown	Unknown
C ₃ :	Unknown	Unknown
C ₄ :	Unknown	Unknown
C ₅ :	Unknown	Unknown
C ₆ :	Unknown	Unknown
D:	Unknown	Unknown
Maximum Crush:	Unknown	Unknown
Location:	Unknown	Unknown
CDC:	Not applicable	09-LPGN-1
Damaged Components:	Right side body panel	Left outside rearview mirror
<u>Fixed Object Impact</u>		
Event number:	Fourth	
Object Struck:	Utility pole	
Damage location		
Damaged Plane:	Left	
Vertical Location		
On Plane:	Not applicable	
Direct Begins:	3 cm (1.2 in) forward of left rear bumper corner	
Length Direct:	132 cm (52.0 in)	

VEHICLE DAMAGE (CONTINUED)¹

<u>Fixed Object Impact (Continued)</u>	<u>Case Vehicle</u>	
Field L:	Not measured	
C ₁ :	Unknown	
C ₂ :	Unknown	
C ₃ :	Unknown	
C ₄ :	Unknown	
C ₅ :	Unknown	
C ₆ :	Unknown	
D:	Unknown	
Maximum Crush:	Unknown	
Location:	Unknown	
CDC:	Not applicable	
Damaged Components:	Left side body panel	
<u>INTERIOR¹</u>	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Damaged Components: ¹	None visible	Unknown
Other Evidence of Occupant Contact: ¹	None	Unknown
Manual Restraint System Failures:	Unknown	Unknown
Seat Performance Failures:	None	None
<u>REPAIR</u>		
Cost Estimate:	\$ 50,000 according to the Fire Incident Report	Unknown

VEHICLE VELOCITY ESTIMATES

<u>Highest Delta "V"</u>	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Reconstruction Program:	Not applicable	Not applicable
Program Algorithm:	Not applicable	Not applicable

¹ The fire that resulted from the right angle impact between the two vehicles destroyed whatever evidence of interior damage or occupant contacts that may have occurred.

VEHICLE VELOCITY ESTIMATES (CONTINUED)²

<u>Highest Delta "V" (Continued)</u>	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Travel Speed: ²	16 k.p.h. (10 m.p.h.)	48 k.p.h. (30 m.p.h.)
Total Delta "V":	Unknown	Unknown
Longitudinal Delta "V":	Unknown	Unknown
Lateral Delta "V":	Unknown	Unknown

COLLISION SEQUENCE

PRE-CRASH: According to the Police Accident Report and the case vehicle's driver the case vehicle (school bus) was traveling east in the eastbound lane of a two-lane, undivided, county roadway and was attempting to continue eastward in its direction of travel through the four-leg intersection. Vehicle #2 (cutaway van) was traveling north in the northbound lane of another two-lane, undivided, county roadway and was attempting to continue northward in its direction of travel through the same four-leg intersection.

According to the case vehicle driver, she initially did not see vehicle #2. According to the case vehicle driver and our scene inspection, the case vehicle driver's line of sight looking toward the south from the west leg of the intersection was blocked by several large trees and a corn field³. This obstruction most likely made the bus driver pull-out several feet into the intersection in order to check for north-south traffic. According to the case vehicle driver, as she was entering the intersection she noticed vehicle #2 approaching from the south and attempted to accelerate to avoid the collision. As a result, the case vehicle continued straight ahead prior to impact. According to the driver of vehicle #2, she attempted to brake (without lock-up) prior to striking the case vehicle. After braking vehicle #2 continued essentially straight ahead prior to impact. The crash occurred in the intersection of the two roadways.

CRASH: According to the vehicle inspections, the right rear of the case vehicle (i.e., right rear dual wheels and rearward) was impacted by the front of vehicle #2. According to the Fire Incident Report and the driver of vehicle #2, the initial impact with the case vehicle caused the engine compartment of vehicle #2 to immediately burst into flames. According to the Police Accident Report and the vehicle inspections, vehicle #2 remained in contact with the case vehicle through final rest.

² The case vehicle, a 66-passenger school bus weighing approximately 8 tons, started eastward from a STOP sign and, according to the case vehicle's driver, was going approximately 16 k.p.h. (10 m.p.h.) when impacted. The driver of vehicle #2 indicated that she was traveling northward at approximately 48 k.p.h. (30 m.p.h.) prior to braking--the speed limit was 72 k.p.h. (45 m.p.h.). She indicated that she was traveling so slow because she was hauling all of her daughter's possessions (i.e., in the rear of her cutaway van) to her daughter's college dorm. This contractor believes that her speed at impact was most likely between 40 k.p.h. (25 m.p.h.) and 56 k.p.h. (35 m.p.h.).

³ The cornfield had been cut back on both the east and west legs prior to this contractor's scene inspection.

COLLISION SEQUENCE (CONTINUED)**Crash: (Continued)**

According to the Police Accident Report, the driver interviews, and the scene inspection, the case vehicle rotated clockwise after the initial impact and was subsequently sideslapped by vehicle #2. According to the scene inspection, the case vehicle continued to rotate clockwise while moving northeastward toward the northeast corner of the intersection. According to the driver of the case vehicle, as the case vehicle's rear end departed the roadway, it started to tip over, but uprighted itself when it struck and sheared a utility pole. According to the Police Accident Report and the scene inspection, the case vehicle came to rest heading southeast, completely blocking both travel lanes on the east leg of the intersection.

According to the Police Accident Report and the scene inspection, vehicle #2 rotated approximately 45 degrees clockwise after its initial impact. According to our vehicle inspections, vehicle #2 subsequently sideslapped the case vehicle before moving with the case vehicle in a northeasterly direction. Vehicle #2 came to rest almost perpendicular to the case vehicle with its front end hanging off the northeast corner of the intersection heading northeast. At their final rest positions, both vehicles were completely consumed by the fire.

POST-CRASH:

Occupants: According to the case vehicle driver, she and all 26 student passengers of the case vehicle remained inside the vehicle at final rest. She and the passengers were conscious and able to exit the case vehicle before the vehicle was consumed by the fire. According to the driver of vehicle #2, she also remained inside the vehicle at final rest, was conscious, and exited her vehicle by crawling out the right side window before her vehicle was consumed by the fire. According to the Police Accident Report, the case vehicle was equipped with an active, two-point, lap belt in the driver position only. According to the Police Report, the driver of the school bus was not wearing her lap belt. According to the vehicle inspection, vehicle #2 was equipped with active, three-point, lap and shoulder belts at the front outboard positions. According to the Police Accident Report and the driver of vehicle #2, she was using her available safety belt.

Police: The investigating police agency was notified of the crash within two minutes and arrived on-scene within fifteen minutes. Traffic control procedures were established and emergency medical, fire, and towing services were called to assist.

Rescue: According to the Police Accident Report and the case vehicle's driver, she was transported by the police and administered a sobriety test. According to the case vehicle's driver, she subsequently went to a medical facility where she was treated and released. According to her interview, she sustained minor injuries which include: a cervical strain (i.e., upper back and neck spasms) and a contusion to her medial lower leg (i.e., calf). According to the driver's interview,

COLLISION SEQUENCE (CONTINUED)

POST-CRASH: Rescue: (Continued)

there were 26 students on the bus at the time of the crash. According to the Police Accident Report nine of the student passengers were transported by ambulance to a medical facility where they were treated and released. According to the Police Accident Report, the transported passengers sustained minor contusions and abrasions. According to the driver of vehicle #2 and her medical records, she was transported by ambulance to a medical facility where she was treated and released. According to her interview, she sustained minor injuries which include: an abrasion and multiple contusions and lacerations.

Removal: Following the police investigation, the case vehicle and vehicle #2 were both towed from the scene because of their damage.

HUMAN FACTORS OCCUPANT DATA

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
DRIVERS:	58 years-old female	48 years-old female
Height:	165 cm (65 in)	170 cm (67 in)
Weight:	64 kg (140 lbs)	66 kg (145 lbs)
Occupation:	School bus driver; unemployed since crash	Proprietor (show dogs)
Active Restraint System/Usage:	Lap belt/used	3-point lap and shoulder belt/used
Usage Source:	Interviewee	Interviewee
Passive Restraint System/Usage:	None available/None used	None available/None used
Usage Source:	Not applicable	Not applicable
Eye glasses/contacts:	Unknown	None
Vehicle Familiarity:	First time in this specific bus; ~45,000 km (28,000 mi) last year in similar type school buses	Driven for 3 years; ~8,000 km (5,000 mi) per year
Route Familiarity:	First time on this bus route; driven this road infrequently	Driven daily

HUMAN FACTORS/OCCUPANT DATA (CONTINUED)

DRIVERS: (Continued)	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Trip Plan:	School to school, picking up students along designated bus route	Driving daughter from home to college
Manner of Leaving Scene:	Police vehicle: taken for blood alcohol test	Private vehicle {Daughter's vehicle which was following}
Type of Medical Treatment:	Treatment later @ hospital emergency room	Transported and released
Blood Alcohol Level:	Negative {.00 per PAR}	Not tested
	<u>Case Vehicle: 9th row, right side, window seat</u>	<u>Case Vehicle: 10th row, right side, window seat</u>
INTERVIEWED OCCUPANTS		
Height:	9 year-old female	12 year-old female
Weight:	145 cm (57 in)	168 cm (66 in)
Active Restraint System/Usage:	50 kg (110 lbs)	47 kg (103 lbs)
Usage Source:	None available/None used	None available/None used
Passive Restraint System/Usage:	Vehicle inspection, Police Accident Report	Vehicle inspection, Police Accident Report
Usage Source:	Not applicable	Not applicable
Eye glasses/contacts:	Not applicable	Not applicable
Manner of Leaving Scene:	Ambulance	Ambulance
Type of Medical Treatment:	Treated and released	Treated and released

CASE VEHICLE DRIVER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Cervical strain {muscle spasms}	640278.1,6	7	Noncontact flexion-extension	{Possible}
Contusion medial right lower leg	890402.1,1	7	Interleg contact of occupant's own legs	{Probable}

SECOND CASE VEHICLE OCCUPANT INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Contusion scalp, not further specified	190402.1,9	9	Unknown source	{Unknown}

THIRD CASE VEHICLE OCCUPANT INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Contusion scalp, not further specified	190402.1,9	9	Unknown source	{Unknown}

FOURTH CASE VEHICLE OCCUPANT INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Injury to lower extremity, not further specified	890099.1,9	9	Unknown source	{Unknown}

FIFTH CASE VEHICLE OCCUPANT INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Contusion scalp, not further specified	190402.1,9	9	Unknown source	{Unknown}

SIXTH CASE VEHICLE OCCUPANT INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Abrasion right elbow	790202.1,1	3	Right side interior bus surface	{Probable}
Contusion right elbow	790402.1,1	3	Right side interior bus surface	{Probable}

SEVENTH CASE VEHICLE OCCUPANT INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Abrasion left lateral eyebrow	290202.1,2	7	Seat back support	{Possible}
Contusion left lateral eyebrow	290402.1,2	3	Seat back support	{Possible}
Abrasion right arm above elbow	790202.1,1	3	Right side interior bus surface	{Probable}
Contusion right arm above and below elbow	790402.1,1	3	Right side interior bus surface	{Probable}
Contusion left proximal forearm	790402.1,2	3	Seat back support	{Possible}

EIGHTH CASE VEHICLE OCCUPANT INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Abrasion to upper extremity, not further specified	790202.1,9	9	Unknown source	{Unknown}

NINTH CASE VEHICLE OCCUPANT INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Abrasion scalp, not further specified	190202.1,9	9	Unknown source	{Unknown}

TENTH CASE VEHICLE OCCUPANT INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Abrasion to upper extremity, not further specified	790202.1,9	9	Unknown source	{Unknown}

VEHICLE #2 DRIVER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Laceration left knee	890602.1,2	3	Left instrument panel and below	{Probable}
Contusion left knee	890402.1,2	3	Left instrument panel and below	{Probable}

VEHICLE #2 DRIVER INJURIES (CONTINUED)

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Contusion right knee	890402.1,1	3	Left instrument panel and below	{Probable}
Laceration right ankle	890602.1,1	3	Foot controls (i.e., brake pedal)	{Possible}
Laceration left ankle	890602.1,1	3	Left instrument panel and below	{Probable}
Abrasion left shoulder	790202.1,2	3	Torso portion of 3-point restraint	{Probable}
Contusion chest	490402.1,4	7	Torso portion of 3-point restraint	{Probable}
Contusion left shoulder	790402.1,2	7	Torso portion of 3-point restraint	{Probable}
Contusion left forearm	790402.1,2	7	Left instrument panel and below	{Probable}
Sprain left ankle	850206.1,2	7	Toe pan	{Probable}
Contusion left ankle	890402.1,2	7	Toe pan	{Probable}

CASE VEHICLE DRIVER KINEMATICS

According to the case vehicle driver, her initial posture just prior to the impact was: sitting upright with her back against the seatback, left foot on the floor, and right foot on the accelerator--she had attempted to accelerate immediately prior to impact. The vehicle inspection revealed that the seat track was set all the way forward with the seatback, which was not adjustable, in the upright position. According to the case vehicle's driver, this was her first time in this bus, so she had to adjust the seat track position.

Based on the driver's interview and occupant kinematic principles, the case vehicle's right angle impact with vehicle #2 caused the rear end of the 38-foot bus to rotate clockwise. According to the driver, the impact and subsequent rotation had little effect on her posture, most likely because the impact was so far rearward of the driver's seating position. The driver stated that she was wearing her available, active, lap belt.

After the initial impact with vehicle #2, the case vehicle and vehicle #2 sideslapped each other, most likely having an insignificant impact on the posture of the case vehicle's driver. After the sideslap, the case vehicle continued its clockwise rotation as the case vehicle went off the north-east corner of the intersection causing it to tip to its left. As the case vehicle was tipping, it struck a utility pole and uprighted itself. According to the driver she had no recollection how her body reacted to either the clockwise rotation or the case vehicle's tipping to the left. Her only recollection was the feeling of shear panic at the thought that the bus, loaded with all the children was going to tip on its side.

At final rest, according to the driver, she was essentially in the same seating position as she was prior to the crash due to her wearing her available lap belt.

PASSENGER KINEMATICS

This contractor sent a questionnaire to the nine student passengers reported as injured on the Police Accident Report. Of the nine students, only two questionnaires were returned and both agreed to allow this contractor to acquire their medical records.

According to the nine year-old female passenger (#07) who was seated in the ninth row, right side, window seat, her posture immediately prior to the crash was: sitting upright with both feet on the floor and both hands on the seat in front of her bracing for the impending crash. It should be noted that there are no seatbelt restraints available for anyone other than the case vehicle's driver.

Based on this passenger's returned questionnaire and occupant kinematic principles, the case vehicle's impact with the van caused her to move forward and to her right contacting the interior right side of the bus with her right arm causing a contusion to her right upper arm and an abrasion to her right forearm. This occupant also sustained a contusion and abrasion to the left lateral side of her forehead (at her eyebrow) and a contusion to her left forearm most likely, according to her interview, from contacting the seatback in front of her.

This passenger most likely moved backwards and to her left during the case vehicle's clockwise rotation, leftward tipping, and subsequent impact with the utility pole. Although it is unknown what the sequencing of contacts were, it is most likely that the right side injuries occurred during the initial impact with vehicle #2 while the left forearm and forehead injuries occurred during the utility pole impact. This occupant has no recollection regarding her location or posture at final rest.

According to the twelve year-old female passenger (#10) who was seated in the tenth row, right side, window seat, her posture immediately prior to the crash was: sitting upright with both feet on the floor and both hands on her lap.

Based on this passenger's returned questionnaire and occupant kinematic principles, the case vehicle's impact with the van caused her to move forward and to her right contacting the interior right side of the bus with her right arm causing an abrasion and a contusion to her right elbow.

This passenger also most likely moved backwards and to her left during the case vehicle's clockwise rotation, leftward tipping, and subsequent impact with the utility pole. This occupant has no recollection regarding her location or posture at final rest.

CASE VEHICLE EVACUATION

According to the Supplemental Police Accident Report and the case vehicle's driver, all 26 student passengers evacuated the bus in a quick and orderly manner. According to the driver's interview, upon coming to a complete stop, she immediately told the students to come up to the front of the bus in single file and exit. Although she could see the fire in her outside review mirror and determined that the fire was worsening, she was careful not to panic the students by mentioning the fire; however, the students most likely saw the fire. After exiting the case vehicle, the driver instructed them to go south to a nearby residence and call 911 for help. According to the case vehicle driver, a couple of students wanted to go back and retrieve their backpacks, but she would not allow them to re-enter the case vehicle.

DISCUSSION

This contractor believes the school bus driver's obstructed line-of-site to the south, looking for northbound traffic, contributed to this crash. According to the school bus driver, the cornfield at the southwest corner of the intersection was cut back following the crash. The scene investigation (see **SELECTED PHOTOGRAPHS #04 and #16**) confirmed that a portion of cornfield on the southwest corner had been recently cut. In addition to the line-of-site problem for the case vehicle driver, this contractor believes that the bus driver was not sure regarding her route's⁴ direction of travel (i.e, proceeding eastward versus turning left to go north). Together, these factors contributed to the crash.

⁴ Although the case vehicle driver was an experienced school bus driver, this was her first time on this route.

ACCIDENT COLLISION MEASUREMENT TABLE



U.S. Department of Transportation
National Highway Traffic Safety
Administration

ACCIDENT COLLISION MEASUREMENT TABLE

BEST AVAILABLE

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number 10

Case Number—Stratum 9516

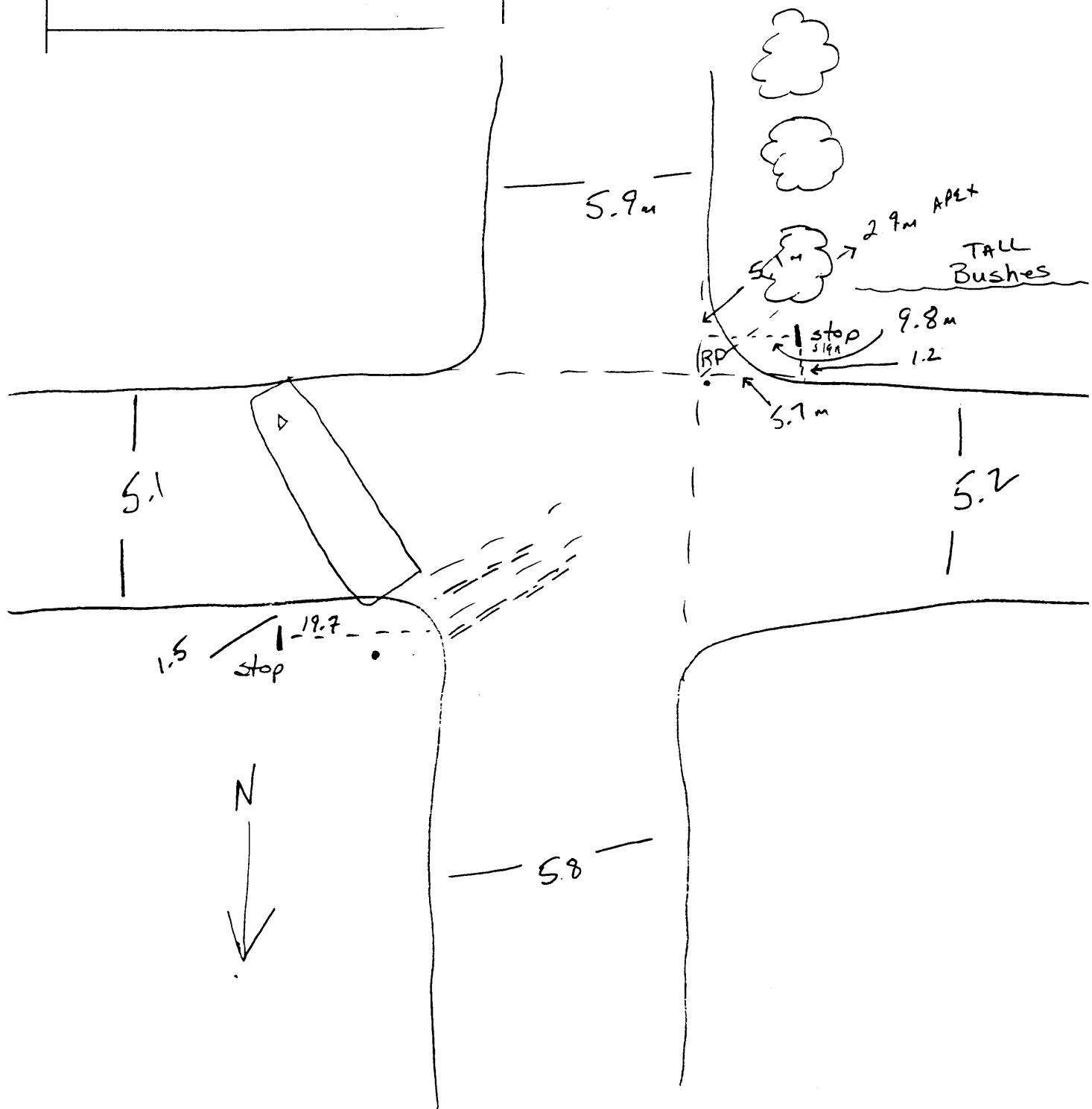
ACCIDENT COLLISION DIAGRAM		CRASH DATA
<u>Document the physical plant:</u>	<u>Document vehicle dynamics including:</u>	
<ul style="list-style-type: none"> • all road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, parked vehicles, poles, signs, etc.) • all traffic controls (e.g., speed limit) • north arrow placed on diagram • roadway surface type and condition of applicable roadways • grade measurements for all applicable roadways and at location of rollover initiation • roadway curvature 	<ul style="list-style-type: none"> • reference point and reference line relative to physical features present at the scene • scaled documentation of all accident induced physical evidence • scaled documentation of all roadside objects contacted • scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either: <ul style="list-style-type: none"> a) physical evidence, or b) reconstructed accident dynamics 	

SPD Limit 45 mph

Reference Point: _____ Reference line: _____

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
<u>NEW Pole</u>	<u>9.2 E</u>	<u>7.2 N</u>
<u>Bus RF FRP</u>	<u>15.1 E</u>	<u>.5 S</u>
<u>Bus LF FRP</u>	<u>17.2 E</u>	<u>1.1 N</u>
<u>" RR FRP</u>	<u>9.8</u>	<u>5.8 N</u>
<u>SCRAPE BEG</u>	<u>3.5 E</u>	<u>3.6 N</u>
<u>END</u>	<u>6.7 E</u>	<u>5.3 N</u>
<u>SCRAPE BEG</u>	<u>3.2 E</u>	<u>4.8 N</u>
<u>END</u>	<u>6.7 E</u>	<u>7 N</u>
<u>BEG Bus TIRE SCUFF</u>	<u>5.5 E</u>	<u>4.6 N</u>
<u>END Bus TIRE SCUFF</u>	<u>8.3 E</u>	<u>5.4 N</u>
<u>END VAN TIRE SCRAPE</u>	<u>5 E</u>	<u>5.2 N</u>

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
APPROXIMATIONS @ scene w/ Evidence		
Bus FRP HDG 135		
VAN FRP HDG 53		



Appendix A:

**POLICE ACCIDENT REPORT, FIRE INCIDENT REPORT,
AND POLICE ACCIDENT REPORT SUPPLEMENT**

OFFICER'S STANDARD CRASH REPORT

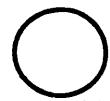
State Form:

Mail to: State Police, Crash Records Section

OFFICE USE ONLY

Crash I.D. No.

Diagram

Indicate NORTH
by an arrow

SEE ATTACHED DIAGRAM

NARRATIVE (Refer to Vehicle by Number)

Veh #1 was traveling East bound on _____ stopped at the intersection to _____
 Veh #2 was traveling North bound on _____ approaching the intersection to _____
 As Veh #2 approached the intersection, Veh #1 failed to yield to the oncoming
 Veh., moving into the intersection (East bound) and into the oncoming path of Veh #2.
 Veh #2 in an attempt to avoid Veh #1, steered to the right (East), where Veh #2 collided
 into the right rear side of Veh #1. After impacting Veh #2, Veh #1 rotated clockwise,
 where the rear of Veh #1 then collided into a telephone pole located on the northeast
 corner of the intersection. Veh #1 came to a final uncontrolled rest just east of
 on _____ facing in a Southeast direction. Veh #2 after impact,
 came to a final uncontrolled rest at the northeast corner of _____ and
 facing in a northeast direction.

D1 Insured By	D2 Insured By	
Other Participant(s) Name, Address (etc.)		
Name of Witness No. 1	Address	
Name of Witness No. 2	Address	
Name of Person	Name of Person Arrested	I.C. Code(s)
Time Notified 8:22 AM	Time Arrived 8:35 AM	Investigation Complete <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Assisting Off. M/Trp		Photos Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
ASSH		Date of Report 95
INVESTIGATION		Driver Report Form Furnished <input checked="" type="checkbox"/> D1 <input checked="" type="checkbox"/> D2

1.	State Form: Mail to:		Crash Records Section		OFFICE USE ONLY																																																																																					
V1					Crash I.D. No. [REDACTED]																																																																																					
V1	Date of Crash	YEAR 95	Day of Week	Actual Local Time	No. Motor Vehicles 2	No. Injured 10	No. Dead 0	No. Trailers 0																																																																																		
V2	County	Township		City/Town or Nearest City/Town																																																																																						
V2	Inside Corporate Limits?	Property?	<input type="checkbox"/> DNR <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Private <input checked="" type="checkbox"/> Other	Distance and Direction From Corporate Limits 80 Miles North _____ Miles South _____ Miles East 7.5 Miles West																																																																																						
2.	Road Crash Occurred On				Intersection Road/Mile Marker/Interchange																																																																																					
V1	If not at Intersection, number of feet from		Direction	Nearest Intersecting Road/Mile Marker/Interchange																																																																																						
V2																																																																																										
3.	Driver's Name (Last, First, MI)					Driver's Name (Last, First, MI)																																																																																				
V1	Address (Street, City, State, Zip)					Address (Street, City, State, Zip)																																																																																				
V1	Apparent Phys. Stat (enter no.)	Sex	Date of Birth MONTH DAY	YEAR	Arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																					
V2	Driver's License No.		Lic. Type	Lic. St.	Restr.																																																																																					
V2	Color	Veh. Yr.	Make	Model Name																																																																																						
V2	Veh. Type (enter no.)	Lic. Yr.	License No.	Liq. State																																																																																						
4.	Veh. Use (enter no.)	Speed Limit	Fuel Tax No.																																																																																							
V1	Direction of Travel	No. Occupants	Fire? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No. Axles	Transporting Hazardous Mat. <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																					
V2	Towed To	Towed By																																																																																								
V2	Registered Owner's Name (Last, First, MI)					Registered Owner's Name (Last, First, MI)																																																																																				
5.	Address (Street, City, State, Zip)					Address (Street, City, State, Zip)																																																																																				
V1	Registered Owner's Name (Last, First, MI)					Registered Owner's Name (Last, First, MI)																																																																																				
V2	Address (Street, City, State, Zip)					Address (Street, City, State, Zip)																																																																																				
6.	TRAILER 1					TRAILER 2																																																																																				
V1	License No.	Make	Year	Lic. St.	Lic. Yr.	License No.	Make	Year	Lic. St.	Lic. Yr.																																																																																
V2	<table border="1"> <tr> <td colspan="2">INITIAL IMPACT</td> <td colspan="3">Areas Damaged (Multiples)</td> </tr> <tr> <td>V1</td> <td>V2</td> <td>FRONT</td> <td>3 4 5</td> <td>BACK</td> <td>10 - Undercarriage</td> <td>FRONT</td> <td>3 4 5</td> <td>BACK</td> <td>10</td> </tr> <tr> <td colspan="2"></td> <td>FRONT</td> <td>2 9 6</td> <td>BACK</td> <td>11 - Trailer</td> <td>FRONT</td> <td>2 9 6</td> <td>BACK</td> <td>11</td> </tr> <tr> <td colspan="2"></td> <td>FRONT</td> <td>1 8 7</td> <td>BACK</td> <td>12 - None</td> <td>FRONT</td> <td>1 8 7</td> <td>BACK</td> <td>12</td> </tr> <tr> <td colspan="5">VEHICLE 1</td> <td colspan="5">VEHICLE 2</td> </tr> </table>					INITIAL IMPACT		Areas Damaged (Multiples)			V1	V2	FRONT	3 4 5	BACK	10 - Undercarriage	FRONT	3 4 5	BACK	10			FRONT	2 9 6	BACK	11 - Trailer	FRONT	2 9 6	BACK	11			FRONT	1 8 7	BACK	12 - None	FRONT	1 8 7	BACK	12	VEHICLE 1					VEHICLE 2					<table border="1"> <tr> <td colspan="2">DAMAGE EST</td> <td colspan="3">OTHER PROPERTY (INCLUDE CARGO)</td> </tr> <tr> <td>V1</td> <td>V2</td> <td colspan="3">Name of Object</td> <td colspan="3">OWNER'S NAME AND ADDRESS</td> <td colspan="2">Damage Est (use chart)</td> </tr> <tr> <td colspan="5"></td> <td colspan="3"></td> <td colspan="2"></td> </tr> <tr> <td colspan="5"></td> <td colspan="3"></td> <td colspan="2"></td> </tr> </table>					DAMAGE EST		OTHER PROPERTY (INCLUDE CARGO)			V1	V2	Name of Object			OWNER'S NAME AND ADDRESS			Damage Est (use chart)																					
INITIAL IMPACT		Areas Damaged (Multiples)																																																																																								
V1	V2	FRONT	3 4 5	BACK	10 - Undercarriage	FRONT	3 4 5	BACK	10																																																																																	
		FRONT	2 9 6	BACK	11 - Trailer	FRONT	2 9 6	BACK	11																																																																																	
		FRONT	1 8 7	BACK	12 - None	FRONT	1 8 7	BACK	12																																																																																	
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DRIVER OF VEHICLE 1 (as listed above)																																																																																										
DRIVER OF VEHICLE 2 (as listed above)																																																																																										
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67	/	/	/			B	9	8	1	/	9	F	1																																																																													

Diagram

Indicate NORTH
by an arrow

NARRATIVE (Refer to Vehicle by Number)

D1 Insured By	D2 Insured By			
Other Participant(s) Name, Address (etc.)				
Name of Witness No. 1	Address	Location at Time of Crash		
Name of Witness No. 2	Address	Location at Time of Crash		
Name of Person Arrested	I.C. Code(s)	Name of Person Arrested	I.C. Code(s)	
Time Notified <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Time Arrived <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Other Location of Investigation	Investigation Complete <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Photos Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Assisting Officer	I.D. No.	Agency	Date of Report	
Assisting Officer	I.D. No.	Agency	Driver Report Form Furnished <input type="checkbox"/> D1 <input checked="" type="checkbox"/> D2	
Investigating Officer's Signature	I.D. No.	Age		

INVESTIGATION

OFFICE USE ONLY																				
1.	State Form: Mail to:																			
V1																				
V1	Date of Crash... YEAR 95	Day of Week	AM/PM	No. Motor Vehicles 2	No. Injured 10	No. Dead 0	No. Trailers 0	7.												
V2	Township			City/Town or Nearest City/Town							8.									
V2	Inside Corporate Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Property? <input type="checkbox"/> Private <input checked="" type="checkbox"/> Other	Distance and Direction From Corporate Limits 80 Miles North _____ Miles South _____ Miles East 7.5 Miles West										9.							
2.	Road Crash Occurred On				Intersecting Road/Mile Marker/Interchange								10.							
V1	If not at Intersection, number of feet from		Direction	Nearest Intersecting Road/Mile Marker/Interchange										11.						
V2	Driver's Name (Last, First, MI)												Driver's Name (Last, First, MI)		12.					
V1	Address (Street, City, State, Zip)												Address (Street, City, State, Zip)		13.					
V1	Apparent Phys. Stat (enter no.)	Sex	Month	Day	Year	Arrested? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Apparent Phys. Stat (enter no.)	Sex	Month	Day	Year	Arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	14.			
V2	Driver's License No.				Lic. Type	Lic. St.	Restr.					Driver's License No.				Lic. Type	Lic. St.	Restr.	15.	
V2	Color	Veh. Yr.	Make	Model Name								Color	Veh. Yr.	Make	Model Name				16.	
V2	Veh. Type (enter no.)	Lic. Yr.	License No.		Lic. State						Veh. Type (enter no.)	Lic. Yr.	License No.		Lic. State		17.			
4.	Veh. Use (enter no.)	Speed Limit		Fuel Tax No.						Veh. Use (enter no.)	Speed Limit		Fuel Tax No.						18.	
V1	Direction of Travel	No. Occupants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	No. Axles	Transporting Hazardous Mat.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Direction of Travel	No. Occupants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	No. Axles	Transporting Hazardous Mat.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	19.	
V2	Towed To		Towed By						Towed To		Towed By						20.			
V2	Registered Owner's Name (Last, First, MI)												Registered Owner's Name (Last, First, MI)		21.					
V1	Address (Street, City, State, Zip)												Address (Street, City, State, Zip)		22.					
V2	Registered Owner's Name (Last, First, MI)												Registered Owner's Name (Last, First, MI)		23.					
V1	Address (Street, City, State, Zip)												Address (Street, City, State, Zip)		24.					
V2	License No. Make Year Lic. St. Lic. Yr.												License No. Make Year Lic. St. Lic. Yr.		25.					
6.	DAMAGE												PEDESTRIAN		26.					
V1	INITIAL IMPACT		Areas Damaged (Multiples)										Direction Street/Highway Arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27.					
V2	V1	V2	FRONT	3	4	5	10	Undercarnage			FRONT	3	4	5	10	28.				
DAMAGE EST	2	9	BACK	2	9	6	11	Trailer			2	9	6	11	29.					
V1	V2		1	8	7	12	None			1	8	7	12	30.						
VEHICLE 1	OTHER PROPERTY (INCLUDE CARGO)												PEDESTRIAN		31.					
Name of Object	OWNER'S NAME AND ADDRESS												Damage Est (use chart)		32.					
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Diagram

Indicate NORTH
by an arrow

NARRATIVE (Refer to Vehicle by Number)

D1 Insured By	D2 Insured By					
Other Participant(s) Name, Address (etc.)						
Name of Witness No. 1	Address	Location at Time of Crash				
Name of Witness No. 2	Address	Location at Time of Crash				
Name of Person Arrested	I.C. Code(s)	Name of Person Arrested	I.C. Code(s)			
Time Notified	AM PM	Time Arrived	AM PM	Other Location of Investigation	Investigation Complete <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Photos Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Assisting Officer		I.D. No.	Agency		Date of Report	
Assisting Officer		I.D. No.	Agency		Driver Report Form Furnished	
Investigating Officer's Signature		I.D. No.	Age		D1 D2	

INVESTIGATION

FIRE INCIDENT REPORTING SYSTEM

BEST AVAILABLE

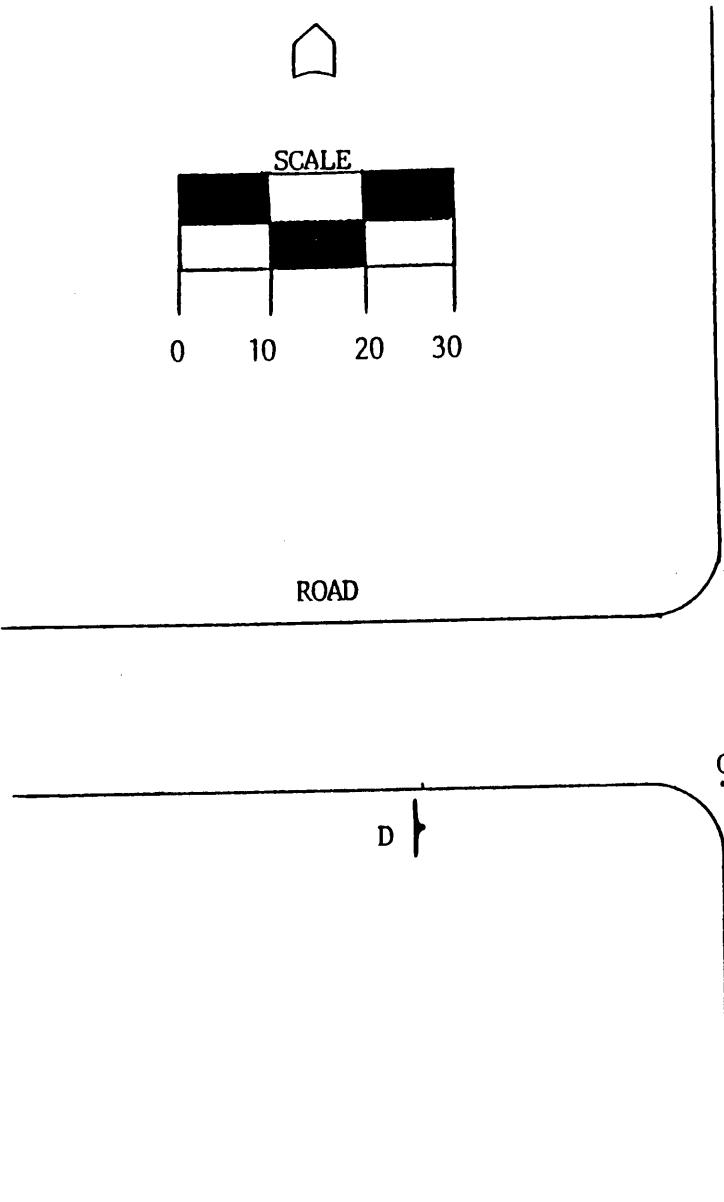
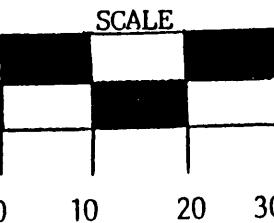
PLEASE PRINT OR TYPE IN YOUR OWN WORDS, BOTH A WRITTEN AND CODED RESPONSE (WHEN NECESSARY), LEAVING NO ITEM BLANK, BLACKING N/A CODE WHEN NEEDED.

INCIDENT REPORT						Fire Department IF USED FOR FIRE SERVICE CHARGE REPORT, BE SURE TO FILL OUT LINE V.	1 • DELETE REC. 2 • CHANGE
EXPIRATION DATE	YEAR	DAY OF WEEK	TIME Trunk	AT ALARM TIME	ARRIVAL TIME	TIME "In Service" (A.M.)	
OK	915	1 • Sunday 3 • Tuesday 5 • Friday 2 • Monday 4 • Wednesday 7 • Saturday					
TYPE OF SITUATION FOUND			TYPE OF ACTION TAKEN			MUTUAL AID 1 • Rec'd 2 • Given FOID: 3 • N/A	
11 • Structure fire 12 • Outside of structure fire 13 • Trees, brush, grass fire 14 • Trash, rubbish fire 15 • Other			1 • Extinguishment 4 • Remove hazard 2 • Rescue 5 • Standby 6 • Not classified above 3 • Investigation only 8 • Salvage 9 • Undetermined or not reported			55-001	
FIXED PROPERTY USE (Occupancy)			IGNITION FACTOR (Cause)			1711	
Vehicle Fire on Public Roadway 91612			Collision				
CORRECT ADDRESS (Up to maximum of 21 characters)						ZIP CODE	CENSUS TRACT
OCCUPANT NAME (Last, First, M.I.)			TELEPHONE			ROOM or APT.	
OWNER NAME			TELEPHONE			TELEPHONE	
METHOD OF ALARM			DISTRICT	SHIFT	ALARMS		
1 • Telephone direct 2 • Municipal alarm system 3 • Parallel alarm system			4 • Radio 5 • Verbal 6 • No alarm rec'd. 7 • Tie-Line (811),				11
FIRE PERSONNEL RESPONDED		ENGINES RESPONDED	AERIAL APPARATUS RESPONDED	OTHER VEHICLES RESPONDED			101010
INCIDENT - RELATED INJURIES		COMPLETE NFIRS 3 FIRE SVC.	COMPLETE NFIRS 2 OTHERS	INCIDENT - RELATED FATALITIES		COMPLETE NFIRS 3 FIRE SVC.	COMPLETE NFIRS 3 OTHERS
NO Complex		98 • N/A	1918	MOBILE PROPERTY TYPE		COMPLETE LINE 9	98 • N/A
AREA OF FIRE ORIGIN		EQUIPMENT INVOLVED IN IGNITION (IF ANY)		School Bus		110	98 • N/A
ENGINE Compartment				Extinguisher of office veh.		11	
FORM OF HEAT OF IGNITION		TYPE OF MATERIAL IGNITED	Composition	FORM OF MATERIAL IGNITED		1816	
Heat From Engine 1119		GASOLINE	123	GASOLINE			
METHOD OF EXTINGUISHMENT		3 • Portable extinguisher 4 • Auto-alarm ext. system 5 • Pre-connected hoses/stand pipe 6 • Hand-held hoses/hydrant draft standpipe	8 • Master 9 • Not classified above 10 • Undetermined or not reported	LEVEL OF FIRE ORIGIN	5 • 50 to 70 feet 6 • Over 70 feet 7 • Objects in sight 8 • Below ground level 9 • Not classified above 10 • Undetermined	ESTIMATED TOTAL DOLLAR LOSS	111111500100
NUMBER OF STORIES		3 • 3 to 4 stories 4 • 5 to 8 stories 5 • 9 to 12 stories 6 • 13 to 24 stories	7 • 25 to 49 stories 8 • 50 stories or more 9 • Undetermined or not reported	CONSTRUCTION TYPE	4 • Unprotected non-combustible 5 • Protected ordinary 6 • Unprotected ordinary 7 • Protected wood frame		
EXTENT OF DAMAGE		Flame Smoke	Confined to the fire-reddened part of origin Confined to part of room or area of origin Confined to room of origin	Flame Smoke	Extended beyond structure of origin Undetermined or not reported No damage of this type (N/A)	Flame Smoke	
DETECTOR PERFORMANCE		5 • Det. in room or space of fire origin - oper. 6 • Det. not in room or space of fire origin - oper. 7 • Det. in room or space of origin - no oper. 8 • Det. not in room or space of origin - no oper.	but the too small to oper. Not classified above Undetermined or not reported No detectors present (N/A)	SPRINKLER PERFORMANCE	4 • Equipment operated 5 • Equipment should have operated - did not 6 • Equipment present but fire too small to oper. 7 • Not classified above	8 • Undetermined or not reported 9 • No equipment present (N/A)	
IF SMOKE SPREAD BEYOND ROOM OF ORIGIN		TYPE OF MATERIAL GENERATING MOST SMOKE		AVENUE OF SMOKE TRAVEL	7 • Utility opening in floor 8 • Not classified above 9 • Corridor 10 • Opening in construction 11 • Elevator shaft	7 • Utility opening in floor 8 • Not classified above 9 • Undetermined or not reported 10 • No avenue of smoke travel (N/A)	
		FORM OF MATERIAL GENERATING MOST SMOKE				98 • N/A	
S	IF MOBILE PROPERTY		YEAR	MAKE	MODEL	SERIAL NO.	LICENSE NO. (if any)
S	School Bus		93	Chew	School Bus	N/A	Bus
T	IF EQUIP. INV. IN IGN.		YEAR	MAKE	MODEL	SERIAL NO.	ALL A.L.R.
T	Moving Van		85	Chew	(JAN)		
U	POSITION			DA			75
V	SIGNATURE						<input type="checkbox"/> Delegated <input type="checkbox"/> Owner or <input type="checkbox"/> Representative

RETURN TO STATE FIRE MARSHAL ON A MONTHLY BASIS

 Check box if remarks are made on reverse sideGRASS, TRASH FIRES
SHORT FORMCOMPLETE ON
ALL INCIDENTSCOMPLETE
IF CASUALTYCOMPLETE
FOR ALL FIRESCOMPLETE IF
STRUCTURE FIREALL
INCIDENTS

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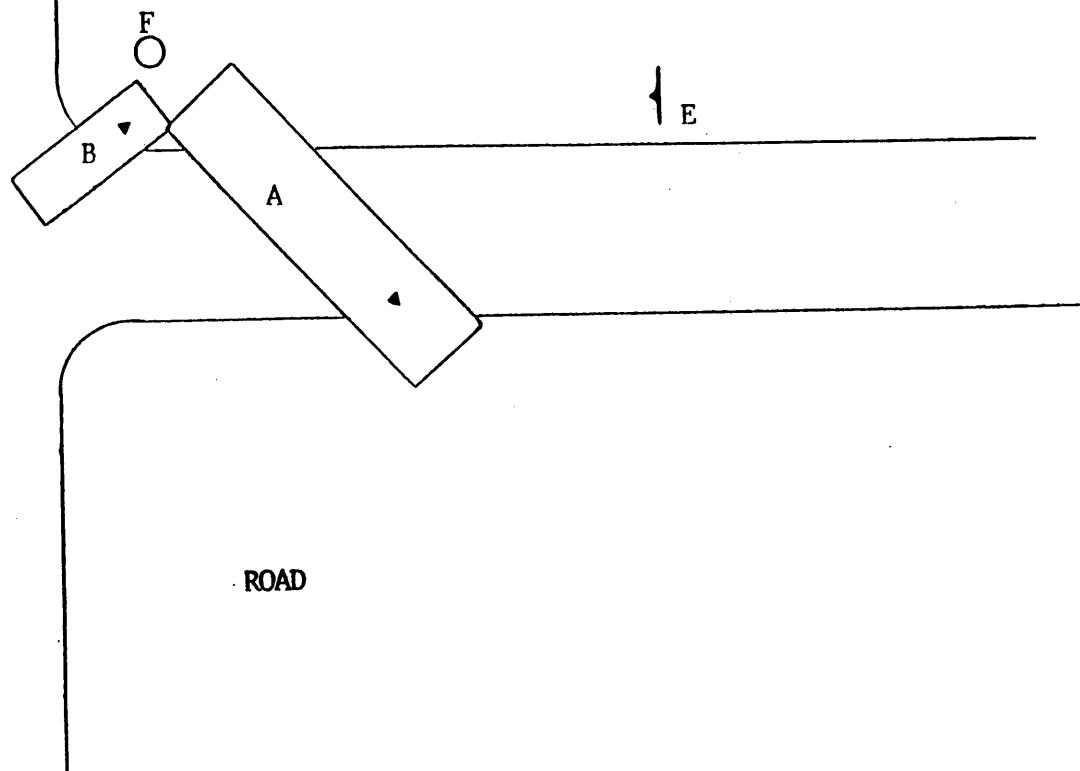


INTERSECTION.

DRAWN BY:

LEGEND

- A - 1986 CHEVROLET (SCHOOL BUS)
- B - 1985 CHEVROLET (STEP VAN)
- C - REFERENCE POINT #1
- D - STOP SIGN - EAST BOUND ROAD
- E - STOP SIGN - WEST BOUND ROAD
- F - TELEPHONE POLE



SUPPLEMENT

95

15.5 mi. NW of

ROAD @

ROAD

Veh#1:

Veh#2:

On '95 this unit was advised by that there had been a personal injury accident involving a school bus in

Upon arrival at _____ and _____ in the northwestern part of _____ this unit observed a 1986 Chevrolet (Bluebird body) school bus (# _____ belonging to _____ Box

The bus was still on fire with Volunteer Firemen trying to put the fire out. A white van single-axle truck was nosed into the left rear of the school bus. The van had also been on fire, but was just smoking at the time. After the fire was extinguished and the bus had cooled off, I made an inspection of the vehicle.

The mileage on the school bus was 138,307. The driver, a D.O.B. CDL ; _____ stated "the brakes were working fine and the only trouble I was having was learning where the stops were for my route." This was her first day on this route with a different bus than she usually drove.

The front disc brake pads were both approximately $\frac{1}{2}$ " thick while the rear pads were approximately 9/16" on outside and 7/8" on the inside.

Both front and rear rotors were non descript having no warpage or grooves.

The front tires were both in good shape with 10/32" tread depth on the left and 9/32" tread depth on the right. All four (4) rear tires had at least 8/32" tread depth on them with the left 2 rear tires flat due to heat from the fire. The bus also had a new exhaust system from the front of the muffler to the rear of the bus which appeared to be free from leaks. Both front axle king pins had been replaced prior to the annual school bus inspection program which was held on '95 and was passed. A new drag link was installed about the same time as the king pins.

All mirrors and lights were in the proper location and, according to the driver, were working properly.

The evacuation of the bus after the collision was quick and orderly by the driver and students of which 42 were on the bus. The driver, herded the kids to the east along _____ away from the bus

Page 2 - 95 -
Veh#1:

Rd. @
Veh#2:

and van. She then went back and used the fire extinguisher trying to put the fire out but it had spread too much for a $2\frac{1}{2}$ lb. extinguisher to do any good.

I might add that the fire had started in the engine compartment of the van and had spread underneath the bus flooring into the interior of the bus from the left rear corner.

The driver, was taken to and
drug tested within 32 hours after the accident as per
Both vehicles were taken by wrecker to
exit

CONCLUSION: This accident was not contributed to or caused by any mechanical failure of the bus system. The school bus was struck approximately 6" forward of the center line of the right rear wheel causing it to rotate its rear end northward.

Appendix B:

RECONSTRUCTION PROGRAM RESULTS

CRASHPC (BARRIER OPTION--VEHICLE #2)

Three estimates were made of vehicle #2's Delta V using the CRASHPC program, barrier option. The crush profile came from the vehicle inspection. Three vastly different weight estimates were used because the available documentation only indicates the curb weight of vehicle #2's chassis/cab. According to the Vehicle Identification Number, vehicle #2's Gross Vehicle Weight Rating is 9,001-10,000 pounds; therefore, the cargo weight was adjusted to create a total vehicle weight of 8,000, 9,000, or 10,000 pounds plus the occupant's weight, respectively. Despite the vastly different weights used, the effect on the resultant Delta V's is minimal.



U.S. Department of Transportation
National Highway Traffic Safety
Administration

CRASHPC PROGRAM SUMMARY

(All Measurements In Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title

10
Primary Sampling Unit

9516
Case No.-Stratum

01
Accident Event Sequence No.

Date (Month, day, year) of Run

CRASHPC Vehicle Identification

Vehicle 1	_____	_____	_____	_____
Vehicle 2	_____	_____	_____	_____
	Year	Make	Model	NASS Veh. No.

GENERAL INFORMATION

VEHICLE 1

Size 11
Weight Curb _____ + Occupant(s) _____ + Cargo _____ = _____ kg
CDC _____
PDOF (-180 to +180) _____ + _____ °
Stiffness _____

VEHICLE 2

Size 7
Weight Curb 1935 + Occupant(s) 66 + Cargo 2147 = 4148 kg
CDC 12 F D E W 3
PDOF (-180 to +180) 0 0 / 10 °
Stiffness 7

SCENE INFORMATION

Rest and Impact Positions No, Go To Damage Information Yes

VEHICLE 1

Rest Position X _____ . ____ m
Y _____ . ____ m
PSI _____ °

Impact Position X _____ . ____ m
Y _____ . ____ m
PSI _____ °

Slip Angle(-180 to +180) _____ °

VEHICLE 2

Rest Position X _____ . ____ m
Y _____ . ____ m
PSI _____ °

Impact Position X _____ . ____ m
Y _____ . ____ m
PSI _____ °

Slip Angle (-180 to +180) _____ °

VEHICLE MOTION

Sustained Contact No Yes

VEHICLE 1

Vehicle Rotation No Yes
Rotation Stop Before Rest No Yes

End of Rotation Position X _____ . ____ m
Y _____ . ____ m
PSI _____ °

Curved Path No Yes
Point on Path X _____ . ____ m Y _____ . ____ m

Rotation Direction None CW CCW
Rotation > 360° No Yes

VEHICLE 2

Vehicle Rotation No Yes
Rotation Stop Before Rest No Yes

End of Rotation Position X _____ . ____ m
Y _____ . ____ m
PSI _____ °

Curved Path No Yes
Point on Path X _____ . ____ m Y _____ . ____ m

Rotation Direction None CW CCW
Rotation > 360° No Yes

FRICTION INFORMATION		TRAJECTORY INFORMATION	
Coefficient of Friction	_____	Trajectory Data <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Rolling Resistance Option	_____	<i>If No, Go To Damage Information</i>	
Vehicle 1 Rolling Resistance		Vehicle 1 Steer Angles	
LF _____	RF _____	LF _____ °	RF _____ °
LR _____	RR _____	LR _____ °	RR _____ °
Vehicle 2 Rolling Resistance		Vehicle 2 Steer Angles	
LF _____	RF _____	LF _____ °	RF _____ °
LR _____	RR _____	LR _____ °	RR _____ °
Terrain Boundary <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
First Point X _____ . ____ m Y _____ . ____ m			
Second Point X _____ . ____ m Y _____ . ____ m			
Secondary Coefficient of Friction _____			
DAMAGE INFORMATION			
VEHICLE 1		VEHICLE 2	
Damage Length	L _____ cm	Damage Length	L _____ cm
Crush Depths	C ₁ _____ cm C ₂ _____ cm C ₃ _____ cm C ₄ _____ cm C ₅ _____ cm C ₆ _____ cm	Crush Depths	C ₁ _____ cm C ₂ _____ cm C ₃ _____ cm C ₄ _____ cm C ₅ _____ cm C ₆ _____ cm
Damage Offset	D ± _____ cm	Damage Offset	D ± _____ cm
IF THIS COMMON IMPACT WAS WITH A MOTOR VEHICLE NOT IN TRANSPORT, FILL IN THE INFORMATION BELOW.			
Model Year:			
Make:			
Model:			
VIN:			
The Weight, CDC, Scene Data and Damage Information for this vehicle should be recorded above.			
Complete and ATTACH the appropriate vehicle damage sketch and dimensions to the Form.			

SUMMARY OF CRASHPC RESULTS USING DAMAGE

Special Crash Investigation, TRC/IU Case 95-16, Task 9525

**SPEED CHANGE
(DAMAGE)**

VEHICLE #1

TOTAL	0 KPH (0 MPH)
LONGITUDINAL	0 KPH (0 MPH)
LATITUDINAL	0 KPH (0 MPH)
PDOF ANGLE	0 DEGREES
ENERGY DISSIPATED =	0 JOULES (0 FT-LB)

VEHICLE #2

TOTAL	21 KPH (13 MPH)
LONGITUDINAL	-21 KPH (-13 MPH)
LATITUDINAL	4 KPH (2 MPH)
PDOF ANGLE	-10 DEGREES
ENERGY DISSIPATED =	69793 JOULES (51469 FT-LB)

DAMAGE DATA

VEHICLE #1

VEHICLE #2

SIZE CATEGORY	11	7
STIFFNESS CATEGORY	0	7
VEHICLE WEIGHT	***** KGS (2204586 LBS) *	3695 KGS (8146 LBS)
CDC	BARRIER	12FDEW3
PDOF ANGLE	0 DEGREES *	-10 DEGREES
CRUSH LENGTH	0 CM. (0 IN.) *	185 CM. (73 IN.)
C1	0 CM. (0 IN.) *	17 CM. (7 IN.)
C2	0 CM. (0 IN.) *	19 CM. (7 IN.)
C3	0 CM. (0 IN.) *	19 CM. (7 IN.)
C4	0 CM. (0 IN.) *	19 CM. (7 IN.)
C5	0 CM. (0 IN.) *	29 CM. (11 IN.)
C6	0 CM. (0 IN.) *	22 CM. (9 IN.)
D	0 CM. (0 IN.) *	0 CM. (0 IN.)
D'	0 CM. (0 IN.) *	7 CM. (3 IN.)

(* INDICATES DEFAULT VALUE)

DIMENSIONS AND INERTIAL PROPERTIES

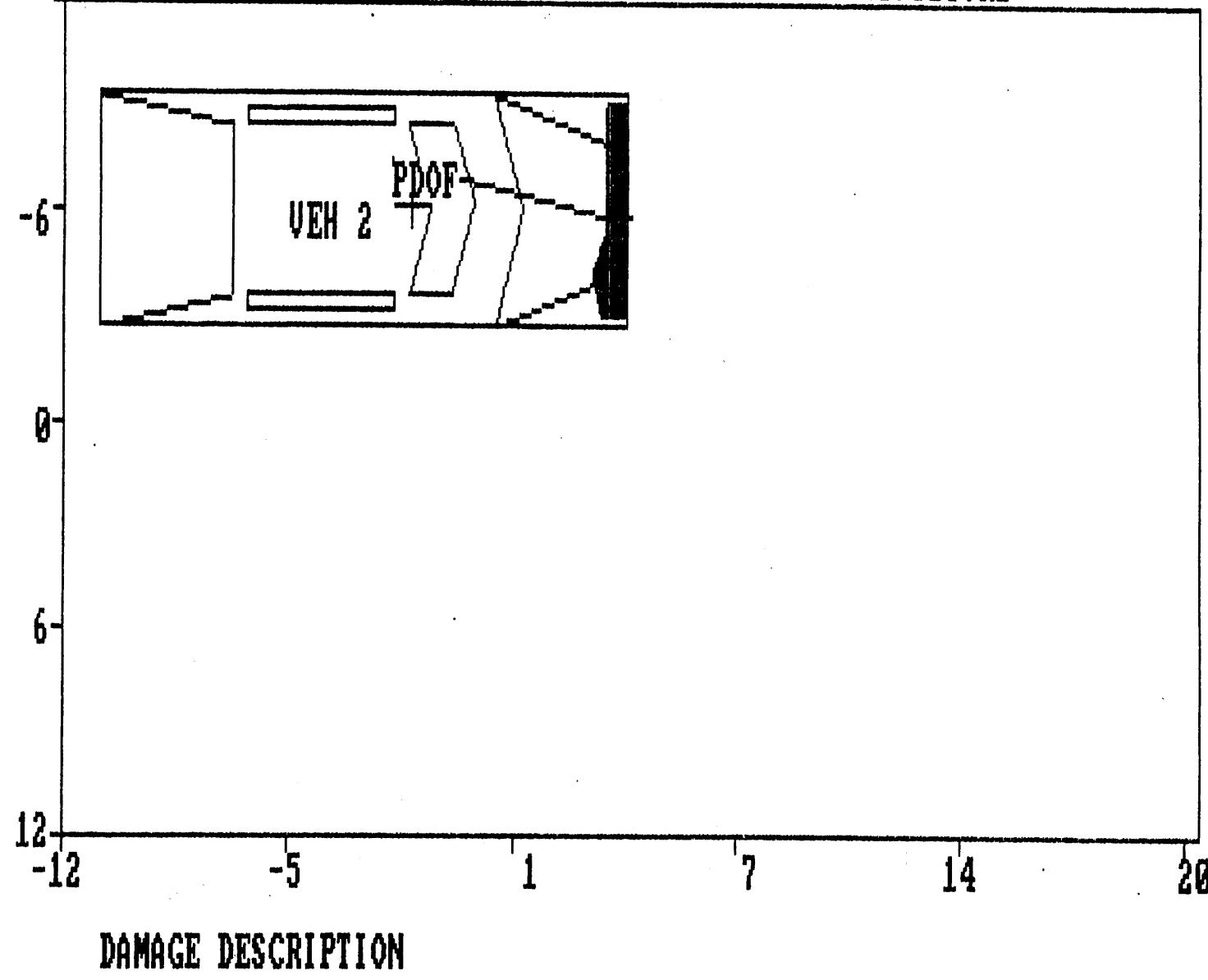
VEHICLE #1

VEHICLE #2

CG TO FRONT AXLE	127 CM. (50 IN.)	123 CM. (49 IN.)
CG TO REAR AXLE	127 CM. (50 IN.)	174 CM. (69 IN.)
TRACK	127 CM. (50 IN.)	172 CM. (68 IN.)
CG TO FRONT OF VEH	127 CM. (50 IN.)	192 CM. (76 IN.)
CG TO REAR OF VEH	-127 CM. (-50 IN.)	-272 CM. (-107 IN.)
CG TO SIDE OF VEH	127 CM. (50 IN.)	100 CM. (40 IN.)
MOMENT OF INERTIA	***** KGS (***** LBS)	35672 KGS (78642 LBS)
VEHICLE MASS	2600 KGS (5732 LBS)	10 KGS (21 LBS)

Printing Picture:

SCI9516.R1





U.S. Department of Transportation
National Highway Traffic Safety
Administration

CRASHPC PROGRAM SUMMARY

(All Measurements In Metric)

BEST AVAILABLE

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title

10
Primary Sampling Unit

9516
Case No.-Stratum

01
Accident Event Sequence No.

Date (Month, day, year) of Run

CRASHPC Vehicle Identification

Vehicle 1 _____

Vehicle 2 _____

Year

Make

Model

NASS
Veh. No.

GENERAL INFORMATION

VEHICLE 1

Size

11

Weight

Curb + Occupant(s) + Cargo = _____ kg

CDC

PDOF (-180 to +180) + _____ °

Stiffness

VEHICLE 2

Size

7

Weight

Curb + Occupant(s) + Cargo = 1935 + 66 + 1,694 = 3 6 9 5 kg

CDC

PDOF (-180 to +180) 12 F D E W 3 °

Stiffness

SCENE INFORMATION

Rest and Impact Positions No, Go To Damage Information Yes

VEHICLE 1

Rest Position

X _____ m
Y _____ m
PSI _____ °

Impact Position

X _____ m
Y _____ m
PSI _____ °

Slip Angle(-180 to +180)

_____ °

VEHICLE 2

Rest Position

X _____ m
Y _____ m
PSI _____ °

Impact Position

X _____ m
Y _____ m
PSI _____ °

Slip Angle (-180 to +180)

_____ °

VEHICLE MOTION

Sustained Contact No Yes

VEHICLE 1

Vehicle Rotation

No Yes

Rotation Stop Before Rest No Yes

End of Rotation Position X _____ m
Y _____ m
PSI _____ °

Curved Path

No Yes

Point on Path

X _____ m Y _____ m

Rotation Direction

None CW CCW

Rotation > 360° No Yes

VEHICLE 2

Vehicle Rotation

No Yes

Rotation Stop Before Rest No Yes

End of Rotation Position X _____ m
Y _____ m
PSI _____ °

Curved Path

No Yes

Point on Path

X _____ m Y _____ m

Rotation Direction None CW CCW

Rotation > 360° No Yes

FRICTION INFORMATION		TRAJECTORY INFORMATION				
Coefficient of Friction		Trajectory Data <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes				
Rolling Resistance Option		If No, Go To Damage Information				
Vehicle 1 Rolling Resistance		Vehicle 1 Steer Angles				
LF	. _____	RF	. _____ °			
LR	. _____	RR	. _____ °			
Vehicle 2 Rolling Resistance		Vehicle 2 Steer Angles				
LF	. _____	RF	. _____ °			
LR	. _____	RR	. _____ °			
Terrain Boundary <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes						
First Point X _____ . ____ m Y _____ . ____ m						
Second Point X _____ . ____ m Y _____ . ____ m						
Secondary Coefficient of Friction . _____						
DAMAGE INFORMATION						
VEHICLE 1		VEHICLE 2				
Damage Length	L	cm	Damage Length	L	1 8 5	cm
Crush Depths	C ₁	cm	Crush Depths	C ₁	0 1 7	cm
	C ₂	cm		C ₂	0 1 9	cm
	C ₃	cm		C ₃	0 1 9	cm
	C ₄	cm		C ₄	0 1 9	cm
	C ₅	cm		C ₅	0 2 9	cm
	C ₆	cm		C ₆	0 2 2	cm
Damage Offset	D	± _____ cm	Damage Offset	D	± 0 0 0	cm
IF THIS COMMON IMPACT WAS WITH A MOTOR VEHICLE NOT IN TRANSPORT, FILL IN THE INFORMATION BELOW.						
Model Year:				The Weight, CDC, Scene Data and Damage Information		
Make:				for this vehicle should be recorded above.		
Model:						
VIN:						
Complete and ATTACH the appropriate vehicle damage sketch and dimensions to the Form.						

SUMMARY OF CRASHPC RESULTS USING DAMAGE

Special Crash Investigations, TRC/IU 95-16, Task 9525

**SPEED CHANGE
(DAMAGE)**

VEHICLE #1

TOTAL	0 KPH (0 MPH)
LONGITUDINAL	0 KPH (0 MPH)
LATITUDINAL	0 KPH (0 MPH)
PDOF ANGLE	0 DEGREES
ENERGY DISSIPATED =	0 JOULES (0 FT-LB)

VEHICLE #2

TOTAL	20 KPH (13 MPH)
LONGITUDINAL	-20 KPH (-12 MPH)
LATITUDINAL	4 KPH (2 MPH)
PDOF ANGLE	-10 DEGREES
ENERGY DISSIPATED =	69793 JOULES (51469 FT-LB)

DAMAGE DATA

VEHICLE #1

SIZE CATEGORY	11	7
STIFFNESS CATEGORY	0	7
VEHICLE WEIGHT	***** KGS (2204586 LBS) *	4148 KGS (9145 LBS)
CDC	BARRIER	12FDEW3
PDOF ANGLE	0 DEGREES *	-10 DEGREES
CRUSH LENGTH	0 CM. (0 IN.) *	185 CM. (73 IN.)
C1	0 CM. (0 IN.) *	17 CM. (7 IN.)
C2	0 CM. (0 IN.) *	19 CM. (7 IN.)
C3	0 CM. (0 IN.) *	19 CM. (7 IN.)
C4	0 CM. (0 IN.) *	19 CM. (7 IN.)
C5	0 CM. (0 IN.) *	29 CM. (11 IN.)
C6	0 CM. (0 IN.) *	22 CM. (9 IN.)
D	0 CM. (0 IN.) *	0 CM. (0 IN.)
D'	0 CM. (0 IN.) *	7 CM. (3 IN.)

(* INDICATES DEFAULT VALUE)

DIMENSIONS AND INERTIAL PROPERTIES

VEHICLE #1

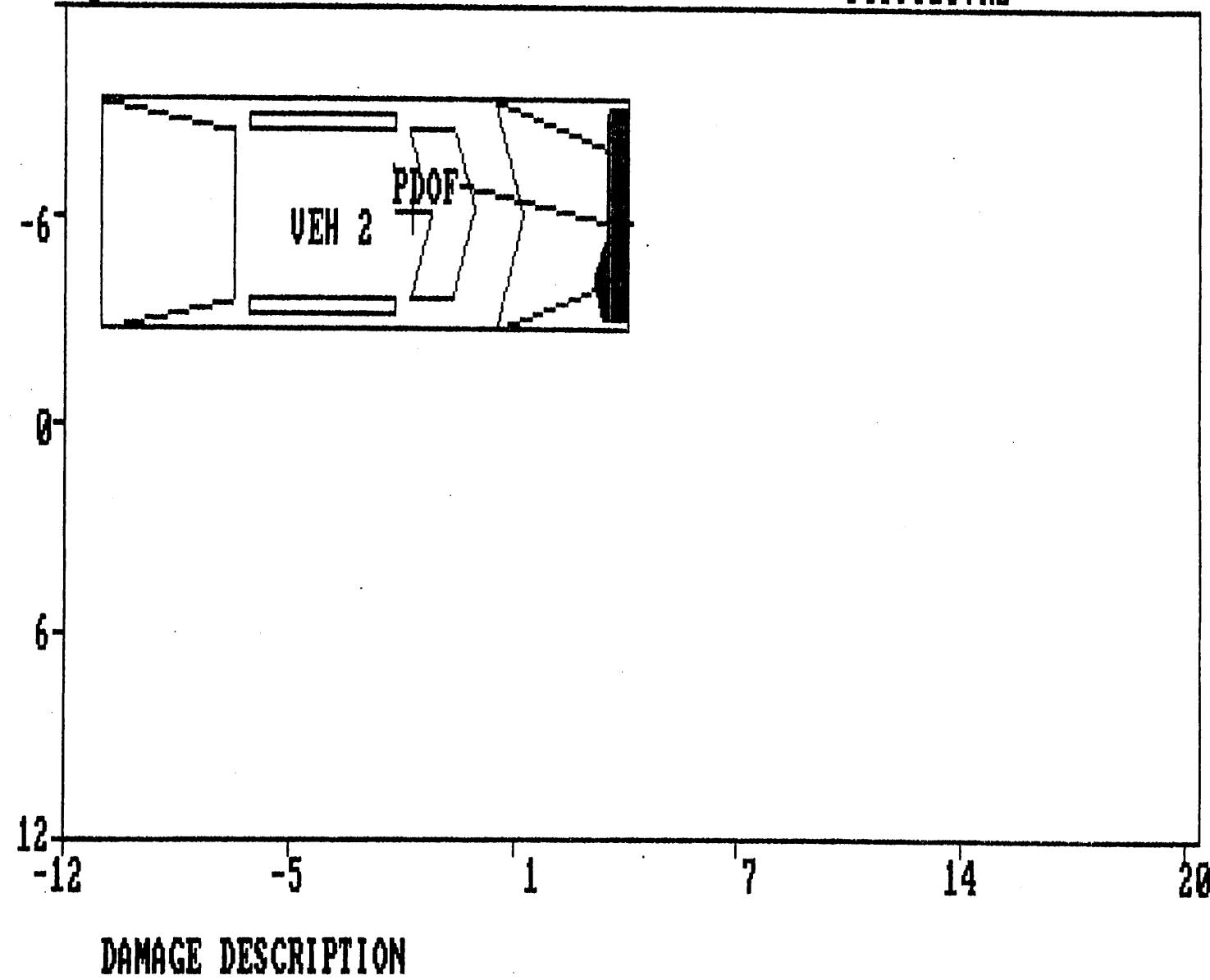
CG TO FRONT AXLE	127 CM. (50 IN.)
CG TO REAR AXLE	127 CM. (50 IN.)
TRACK	127 CM. (50 IN.)
CG TO FRONT OF VEH	127 CM. (50 IN.)
CG TO REAR OF VEH	-127 CM. (-50 IN.)
CG TO SIDE OF VEH	127 CM. (50 IN.)
MOMENT OF INERTIA	***** KGS (***** LBS)
VEHICLE MASS	2600 KGS (5732 LBS)

VEHICLE #2

CG TO FRONT AXLE	123 CM. (49 IN.)
CG TO REAR AXLE	174 CM. (69 IN.)
TRACK	172 CM. (68 IN.)
CG TO FRONT OF VEH	192 CM. (76 IN.)
CG TO REAR OF VEH	-272 CM. (-107 IN.)
CG TO SIDE OF VEH	100 CM. (40 IN.)
MOMENT OF INERTIA	40046 KGS (88284 LBS)
VEHICLE MASS	11 KGS (24 LBS)

Printing Picture:

SCI9516.R2





U.S. Department of Transportation
National Highway Traffic Safety
Administration

CRASHPC PROGRAM SUMMARY

(All Measurements In Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title

10
Primary Sampling Unit

9516
Case No.-Stratum

01
Accident Event Sequence No.

Date (Month, day, year) of Run

CRASHPC Vehicle Identification

Vehicle 1	_____	_____	_____	_____
Vehicle 2	_____	_____	_____	_____
	Year	Make	Model	NASS Veh. No.

GENERAL INFORMATION

VEHICLE 1

Size 11
Weight
Curb + Occupant(s) + Cargo = _____ kg
CDC _____
PDOF (-180 to +180) + _____ °
Stiffness _____

VEHICLE 2

Size 7
Weight
1935 + 66 + 2601 = 4602 kg
Curb Occupant(s) Cargo
CDC 12 F D E W 3
PDOF (-180 to +180) 0010 °
Stiffness 7

SCENE INFORMATION

Rest and Impact Positions No Go To Damage Information Yes

VEHICLE 1

Rest Position X _____ . ____ m
Y _____ . ____ m
PSI _____ °
Impact Position X _____ . ____ m
Y _____ . ____ m
PSI _____ °
Slip Angle(-180 to +180) _____ °

VEHICLE 2

Rest Position X _____ . ____ m
Y _____ . ____ m
PSI _____ °
Impact Position X _____ . ____ m
Y _____ . ____ m
PSI _____ °
Slip Angle (-180 to +180) _____ °

VEHICLE MOTION

Sustained Contact No Yes

VEHICLE 1

Vehicle Rotation No Yes
Rotation Stop Before Rest No Yes
End of Rotation Position X _____ . ____ m
Y _____ . ____ m
PSI _____ °
Curved Path No Yes
Point on Path X _____ . ____ m Y _____ . ____ m
Rotation Direction None CW CCW
Rotation > 360° No Yes

VEHICLE 2

Vehicle Rotation No Yes
Rotation Stop Before Rest No Yes
End of Rotation Position X _____ . ____ m
Y _____ . ____ m
PSI _____ °
Curved Path No Yes
Point on Path X _____ . ____ m Y _____ . ____ m
Rotation Direction None CW CCW
Rotation > 360° No Yes

FRICTION INFORMATION		TRAJECTORY INFORMATION	
Coefficient of Friction _____		Trajectory Data <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Rolling Resistance Option _____		<i>If No, Go To Damage Information</i>	
Vehicle 1 Rolling Resistance LF _____ RF _____ LR _____ RR _____		Vehicle 1 Steer Angles LF _____ ° RF _____ ° LR _____ ° RR _____ °	
Vehicle 2 Rolling Resistance LF _____ RF _____ LR _____ RR _____		Vehicle 2 Steer Angles LF _____ ° RF _____ ° LR _____ ° RR _____ °	
		Terrain Boundary <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
		First Point X _____ m Y _____ m	
		Second Point X _____ m Y _____ m	
		Secondary Coefficient of Friction _____	
DAMAGE INFORMATION			
VEHICLE 1		VEHICLE 2	
Damage Length	L _____ cm	Damage Length	L <u>185</u> cm
Crush Depths	C ₁ _____ cm C ₂ _____ cm C ₃ _____ cm C ₄ _____ cm C ₅ _____ cm C ₆ _____ cm	Crush Depths	C ₁ <u>017</u> cm C ₂ <u>019</u> cm C ₃ <u>019</u> cm C ₄ <u>019</u> cm C ₅ <u>029</u> cm C ₆ <u>022</u> cm
Damage Offset	D ± _____ cm	Damage Offset	D ± <u>000</u> cm
IF THIS COMMON IMPACT WAS WITH A MOTOR VEHICLE NOT IN TRANSPORT, FILL IN THE INFORMATION BELOW.			
Model Year:	The Weight, CDC, Scene Data and Damage Information		
Make:	for this vehicle should be recorded above.		
Model:			
VIN:			
Complete and ATTACH the appropriate vehicle damage sketch and dimensions to the Form.			

SUMMARY OF CRASHPC RESULTS USING DAMAGE

Special Crash Investigations, TRC/IU Case 95-16, Task 9525

SPEED CHANGE (DAMAGE)

VEHICLE #1

TOTAL	0 KPH (0 MPH)
LONGITUDINAL	0 KPH (0 MPH)
LATITUDINAL	0 KPH (0 MPH)
PDOF ANGLE	0 DEGREES
ENERGY DISSIPATED =	0 JOULES (0 FT-LB)

VEHICLE #2

TOTAL	19 KPH (12 MPH)
LONGITUDINAL	-19 KPH (-12 MPH)
LATITUDINAL	3 KPH (2 MPH)
PDOF ANGLE	-10 DEGREES
ENERGY DISSIPATED =	69793 JOULES (51469 FT-LB)

DAMAGE DATA

VEHICLE #1

SIZE CATEGORY	11	7
STIFFNESS CATEGORY	0	7
VEHICLE WEIGHT	***** KGS (2204586 LBS) *	4602 KGS (10146 LBS)
CDC	BARRIER	12FDEW3
PDOF ANGLE	0 DEGREES *	-10 DEGREES
CRUSH LENGTH	0 CM. (0 IN.) *	185 CM. (73 IN.)
C1	0 CM. (0 IN.) *	17 CM. (7 IN.)
C2	0 CM. (0 IN.) *	19 CM. (7 IN.)
C3	0 CM. (0 IN.) *	19 CM. (7 IN.)
C4	0 CM. (0 IN.) *	19 CM. (7 IN.)
C5	0 CM. (0 IN.) *	29 CM. (11 IN.)
C6	0 CM. (0 IN.) *	22 CM. (9 IN.)
D	0 CM. (0 IN.) *	0 CM. (0 IN.)
D'	0 CM. (0 IN.) *	7 CM. (3 IN.)

(* INDICATES DEFAULT VALUE)

DIMENSIONS AND INERTIAL PROPERTIES

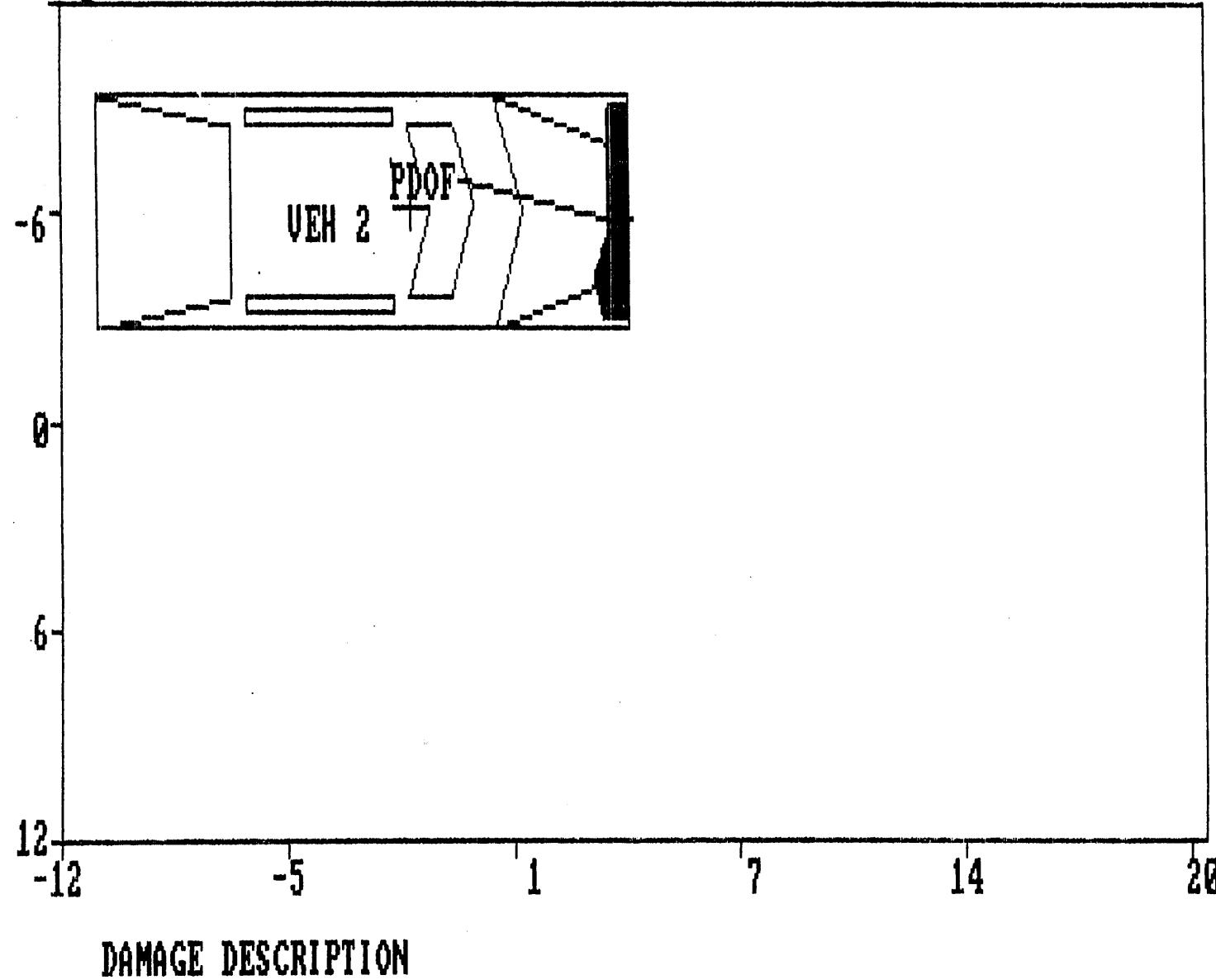
VEHICLE #1

CG TO FRONT AXLE	127 CM. (50 IN.)	123 CM. (49 IN.)
CG TO REAR AXLE	127 CM. (50 IN.)	174 CM. (69 IN.)
TRACK	127 CM. (50 IN.)	172 CM. (68 IN.)
CG TO FRONT OF VEH	127 CM. (50 IN.)	192 CM. (76 IN.)
CG TO REAR OF VEH	-127 CM. (-50 IN.)	-272 CM. (-107 IN.)
CG TO SIDE OF VEH	127 CM. (50 IN.)	100 CM. (40 IN.)
MOMENT OF INERTIA	***** KGS (***** LBS)	44429 KGS (97947 LBS)
VEHICLE MASS	2600 KGS (5732 LBS)	12 KGS (26 LBS)

VEHICLE #2

Printing Picture:

SCI9516.R3



Appendix C:

NASS CDS ACCIDENT FORM



U.S. Department of Transportation
National Highway Traffic Safety
Administration

BEST AVAILABLE

ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9516

IDENTIFICATION

3. Number of General Vehicle Forms Submitted 02

4. Date of Accident (Month, Day, Year) 9 5

5. Time of Accident

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS15-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. SS15 Administrative Use 0
7. SS16 Pedestrian Crash Data Study 0
(Data for this special study available in a separate file.)
8. SS17 Impact Fires 1
9. SS18 Unsafe Driver Actions 0
10. SS19 _____ 0

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident 03

Code the number of events which occurred in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object in the right columns.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>0 1</u>	13. <u>0 1</u>	14. <u>50</u>	15. <u>R</u>	16. <u>0 2</u>	17. <u>28</u>	18. <u>F</u>
19. <u>0 2</u>	20. <u>0 2</u>	21. <u>28</u>	22. <u>N</u>	23. <u>33</u>	24. <u>0 0</u>	25. <u>N</u>
26. <u>0 3</u>	27. <u>0 1</u>	28. <u>50</u>	29. <u>R</u>	30. <u>0 2</u>	31. <u>28</u>	32. <u>L</u>
33. <u>0 4</u>	34. <u>0 1</u>	35. <u>50</u>	36. <u>L</u>	37. <u>52</u>	38. <u>0 0</u>	39. <u>O</u>
40. <u>0 5</u>	41. _____	42. _____	43. _____	44. _____	45. _____	46. _____

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- | | |
|---|--|
| (00) Not a motor vehicle | (31) Large pickup truck (\leq 4,500 kgs GVWR) |
| (01) Subcompact/mini (wheelbase < 254 cm) | (38) Other pickup truck (\leq 4,500 kgs GVWR) |
| (02) Compact (wheelbase \geq 254 but < 265 cm) | (39) Unknown pickup truck type (\leq 4,500 kgs GVWR) |
| (03) Intermediate (wheelbase \geq 265 but < 278 cm) | (45) Other light truck (\leq 4,500 kgs GVWR) |
| (04) Full size (wheelbase \geq 278 but < 291 cm) | (48) Unknown light truck type (\leq 4,500 kgs GVWR) |
| (05) Largest (wheelbase \geq 291 cm) | (49) Unknown light vehicle type |
| (09) Unknown passenger car size | (50) School bus (excludes van based) ($>$ 4,500 kgs GVWR) |
| (14) Compact utility vehicle | (58) Other bus ($>$ 4,500 kgs GVWR) |
| (15) Large utility vehicle (\leq 4,500 kgs GVWR) | (59) Unknown bus type |
| (16) Utility station wagon (\leq 4,500 kgs GVWR) | (60) Truck ($>$ 4,500 kgs GVWR) |
| (19) Unknown utility type | (67) Tractor without trailer |
| (20) Minivan (\leq 4,500 kgs GVWR) | (68) Tractor-trailer(s) |
| (21) Large van (\leq 4,500 kgs GVWR) | (78) Unknown medium/heavy truck type |
| (24) Van Based school bus (\leq 4,500 kgs GVWR) | (79) Unknown light/medium/heavy truck type |
| (28) Other van type (\leq 4,500 kgs GVWR) | (80) Motored cycle |
| (29) Unknown van type (\leq 4,500 kgs GVWR) | (90) Other vehicle |
| (30) Compact pickup truck (\leq 4,500 kgs GVWR) | (99) Unknown |

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDS APPLICABLE AND OTHER VEHICLES	(O) Not a motor vehicle (N) Noncollision (F) Front	(R) Right side (L) Left side (B) Back	(T) Top (U) Undercarriage (9) Unknown
TDC APPLICABLE VEHICLES	(O) Not a motor vehicle (N) Noncollision (F) Front (R) Right side	(L) Left side (B) Back of unit with cargo area (rear of trailer or straight truck) (D) Back (rear of tractor)	(C) Rear of cab (V) Front of cargo area (T) Top (U) Undercarriage (9) Unknown

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

- | | |
|---|--|
| (01-30) — Vehicle Number | (57) Fence |
| Noncollision | (58) Wall |
| (31) Overturn — rollover (excludes end-over-end) | (59) Building |
| (32) Rollover — end-over-end | (60) Ditch or culvert |
| (33) Fire or explosion | (61) Ground |
| (34) Jackknife | (62) Fire hydrant |
| (35) Other intraunit damage (specify): | (63) Curb |
| (36) Noncollision injury | (64) Bridge |
| (38) Other noncollision (specify): | (68) Other fixed object (specify): |
| (39) Noncollision — details unknown | (69) Unknown fixed object |
| Collision With Fixed Object | Collision with Nonfixed Object |
| (41) Tree (\leq 10 cm in diameter) | (70) Passenger car, light truck, van, or other vehicle
not in-transport |
| (42) Tree ($>$ 10 cm in diameter) | (71) Medium/heavy truck or bus not in-transport |
| (43) Shrubbery or bush | (72) Pedestrian |
| (44) Embankment | (73) Cyclist or cycle |
| (45) Breakaway pole or post (any diameter) | (74) Other nonmotorist or conveyance |
| Nonbreakaway Pole or Post | (75) Vehicle occupant |
| (50) Pole or post (\leq 10 cm in diameter) | (76) Animal |
| (51) Pole or post ($>$ 10 cm but \leq 30 cm in diameter) | (77) Train |
| (52) Pole or post ($>$ 30 cm in diameter) | (78) Trailer, disconnected in transport |
| (53) Pole or post (diameter unknown) | (79) Object fell from vehicle in-transport |
| (54) Concrete traffic barrier | (88) Other nonfixed object (specify): |
| (55) Impact attenuator | (89) Unknown nonfixed object |
| (56) Other traffic barrier (includes guardrail)
(specify): | (98) Other event (specify): |
| | (99) Unknown event or object |

Appendix D:

NASS CDS VEHICLE FORMS: CASE VEHICLE



U.S. Department of Transportation
National Highway Traffic Safety
Administration

BEST AVAILABLE

GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9516
3. Vehicle Number 01

VEHICLE IDENTIFICATION

4. Vehicle Model Year 86
Code the last two digits of the model year
(99) Unknown
5. Vehicle Make (specify): Chevrolet
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown
3 by 3 Bluebird
6. Vehicle Model (specify): 981
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

7. Body Type 50
Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number

1SBJ6P1B7GV

| : 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros Unknown—Code all nines

9. Vehicle Special Use (This Trip) 2
(0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Fire truck or car
(8) Other (specify): _____
(9) Unknown

OFFICIAL RECORDS

10. Police Reported Vehicle Disposition 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown
11. Police Reported Travel Speed 999
Code to the nearest kmph (NOTE: 000 means
less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown

 mph X 1.6093 = kmph

12. Speed Limit 072
(000) No statutory limit
Code posted or statutory speed limit
in kmph
(999) Unknown

45 mph X 1.6093 = 72 kmph

13. Police Reported Alcohol Presence For Driver 0
(0) No alcohol present
(1) Yes alcohol present
(7) Not reported
(8) No driver present
(9) Unknown

14. Alcohol Test Result For Driver 00
Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source: _____

15. Police Reported Other Drug Presence For Driver 0
(0) No other drug(s) present
(1) Yes other drug(s) present
(7) Not reported
(8) No driver present
(9) Unknown

16. Other Drug Specimen Test Result For Driver 0
(0) No specimen test given
(1) Drug(s) not found in specimen
(2) Drug(s) found in specimen, (specify):

(3) Specimen test given, results unknown or not
obtained
(8) No driver present
(9) Unknown if specimen test given

17. Driver's Zip Code

(00001) Driver not a resident of U.S. or territories
Code actual 5-digit zip code
(99998) No driver present
(99999) Unknown

18. Driver's Race/Ethnic Origin 1
(1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(7) Other (specify):

(8) No driver present
(9) Unknown

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____

- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,500$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,500$ kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,500$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,500$ kgs GVWR)
- (24) Van based school bus ($\leq 4,500$ kgs GVWR)
- (25) Van based other bus ($\leq 4,500$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____

- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,500$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)

- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,500$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____

- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,500$ kgs GVWR)

- (60) Step van ($> 4,500$ kgs GVWR)
- (61) Single unit straight truck ($4,500$ kgs $<$ GVWR \leq 8,850 kgs)
- (62) Single unit straight truck (8,850 kgs $<$ GVWR \leq 12,000 kgs)
- (63) Single unit straight truck ($> 12,000$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____

- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction
 (0) Non-interchange area and non-junction
 (1) Interchange area related

Non-Interchange junctions

- (2) Intersection related
 (3) Driveway, alley access related
 (4) Other junction (specify)

(5) Unknown type of junction

(9) Unknown

20. Trafficway Flow

- (0) Not physically divided (two way traffic)
 (1) Divided trafficway-median strip without positive barrier
 (2) Divided trafficway-median strip with positive barrier
 (3) One way traffic
 (9) Unknown

21. Number Of Travel Lanes

- (1) One
 (2) Two
 (3) Three
 (4) Four
 (5) Five
 (6) Six
 (7) Seven or more
 (9) Unknown

22. Roadway Alignment

- (1) Straight
 (2) Curve right
 (3) Curve left
 (9) Unknown

23. Roadway Profile

- (1) Level
 (2) Uphill grade (> 2%)
 (3) Hill crest
 (4) Downhill grade (> 2%)
 (5) Sag
 (9) Unknown

24. Roadway Surface Type

- (1) Concrete
 (2) Bituminous (asphalt)
 (3) Brick or block
 (4) Slag, gravel, or stone
 (5) Dirt
 (8) Other (specify): _____
 (9) Unknown

25. Roadway Surface Condition

- (1) Dry
 (2) Wet
 (3) Snow or slush
 (4) Ice
 (5) Sand, dirt, or oil
 (8) Other (specify): _____
 (9) Unknown

26. Light Conditions

- (1) Daylight
 (2) Dark
 (3) Dark, but lighted
 (4) Dawn
 (5) Dusk
 (9) Unknown

27. Atmospheric Conditions

- (0) No adverse atmospheric-related driving conditions
 (1) Rain
 (2) Sleet/hail
 (3) Snow
 (4) Fog
 (5) Rain and fog
 (6) Sleet and fog
 (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
 (9) Unknown

28. Traffic Control Device

- (0) No traffic control(s)
 (1) Traffic control signal (not RR crossing)

Regulatory

- (2) Stop sign
 (3) Yield sign
 (4) School zone sign
 (5) Other regulatory sign (specify): _____

(6) Warning sign (not RR crossing)

- (7) Unknown sign
 (8) Miscellaneous/other controls including RR controls (specify): _____

(9) Unknown

29. Traffic Control Device Functioning

- (0) No traffic control device
 (1) Traffic control device not functioning (specify): _____
 (2) Traffic control device functioning properly
 (9) Unknown

PRECRASH DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving (Prior To Recognition Of Critical Event) O 2
- (00) No driver present
 - (01) Attentive or not distracted
 - (02) Looked but did not see
- Distractions*
- (03) By other occupant(s), (specify): _____
 - (04) By moving object in vehicle (specify): _____
 - (05) While talking or listening to cellular phone (specify location and type of phone): _____
 - (06) While dialing cellular phone (specify location and type of phone): _____
 - (07) While adjusting climate controls
 - (08) While adjusting radio, cassette, CD (specify): _____
 - (09) While using other device/object in vehicle (specify): _____
 - (10) Sleepy or fell asleep
 - (11) Distracted by outside person, object, or event (specify): _____
 - (12) Eating or drinking
 - (13) Smoking related
 - (97) Distracted/inattentive, details unknown
 - (98) Other, distraction (specify): _____
 - (99) Unknown
31. Pre-Event Movement (Prior to Recognition of Critical Event) O 4
- (00) No driver present
 - (01) Going straight
 - (02) Decelerating in traffic lane
 - (03) Accelerating in traffic lane
 - (04) Starting in traffic lane
 - (05) Stopped in traffic lane
 - (06) Passing or overtaking another vehicle
 - (07) Disabled or parked in travel lane
 - (08) Leaving a parking position
 - (09) Entering a parking position
 - (10) Turning right
 - (11) Turning left
 - (12) Making a U-turn
 - (13) Backing up (other than for parking position)
 - (14) Negotiating a curve
 - (15) Changing lanes
 - (16) Merging
 - (17) Successful avoidance maneuver to a previous critical event
 - (97) Other (specify): _____
 - (99) Unknown
32. Critical Precrash Event 1 7
- This Vehicle Loss of Control Due To:*
- (01) Blow out or flat tire
 - (02) Stalled engine
 - (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
 - (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
 - (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
 - (06) Traveling too fast for conditions
 - (08) Other cause of control loss (specify): _____
 - (09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (18) This vehicle decelerating
- (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Other vehicle stopped
- (51) Traveling in same direction with lower steady speed
- (52) Traveling in same direction while decelerating
- (53) Traveling in same direction with higher speed
- (54) Traveling in opposite direction
- (55) In crossover
- (56) Backing
- (59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

Pedestrian, Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____
- (99) Unknown

<p>33. Attempted Avoidance Maneuver <u>10</u></p> <p>(00) No driver present (01) No avoidance maneuver (02) Braking (no lockup) (03) Braking (lockup) (04) Braking (lockup unknown) (05) Releasing brakes (06) Steering left (07) Steering right (08) Braking and steering left (09) Braking and steering right (10) Accelerating (11) Accelerating and steering left (12) Accelerating and steering right (98) Other action (specify): <hr/>(99) Unknown</p> <p>34. Pre-Impact Stability <u>1</u></p> <p>(0) No driver present (1) Tracking (2) Skidding longitudinally—rotation less than 30 degrees (3) Skidding laterally—clockwise rotation (4) Skidding laterally—counterclockwise rotation (7) Other vehicle loss-of-control (specify): <hr/>(9) Precrash stability unknown</p>	<p>35. Pre-Impact Location <u>1</u></p> <p>(0) No driver present (1) Stayed in original travel lane (2) Stayed on roadway but left original travel lane (3) Stayed on roadway, not known if left original travel lane (4) Departed roadway (5) Remained off roadway (6) Returned to roadway (7) Entered roadway (9) Unknown</p> <p>36. Accident Type <u>87</u></p> <p>(Note: Applicable codes on back of this page)</p> <p>(00) No impact Code the number of the diagram that best describes the accident circumstance (98) Other accident type (specify): <hr/>(99) Unknown</p>
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STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

Code group	Configura-tion	ACCIDENT TYPES (Includes Intent)					
I Single Driver	A Right Roadside Departure	01 DRIVE OFF ROAD	02 CONTROL/ TRACTION LOSS	03 AVOID COLLISION WITH VEH.. PED. ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN	
	B Left Roadside Departure	06 DRIVE OFF ROAD	07 CONTROL/ TRACTION LOSS	08 AVOID COLLISION WITH VEH.. PED. ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN	
	C Forward Impact	11 PARKED VEH.	12 STA. OBJECT	13 PEDESTRIAN/ ANIMAL	14 END DEPARTURE	15 SPECIFICS OTHER	16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End	20 STOPPED 21. 22. 23	22 BLOWER 23. 26. 27	24 25 26 27	28 DECEL. 29. 30. 31	29 30 31	(EACH • 32) (EACH • 33) SPECIFICS OTHER SPECIFICS UNKNOWN
	E Forward Impact	34 CONTROL/ TRACTION LOSS	35 CONTROL/ TRACTION LOSS	36 AVOID COLLISION WITH VEH.	37 38 39	40 41	(EACH • 42) (EACH • 43) SPECIFICS OTHER SPECIFICS UNKNOWN
	F Side-slip Angle	44 45 46	45 46	47			(EACH • 48) SPECIFICS OTHER (EACH • 49) SPECIFICS UNKNOWN
III Same Trafficway Opposite Direction	G Head-On	50 LATERAL MOVE	51 SPECIFICS OTHER			(EACH • 53) SPECIFICS UNKNOWN	
	H Forward Impact	54 CONTROL/ TRACTION LOSS	55 CONTROL/ TRACTION LOSS	56 AVOID COLLISION WITH VEH.	57 58 59	60 61	(EACH • 62) (EACH • 63) SPECIFICS OTHER SPECIFICS UNKNOWN
	I Side-slip Angle	64 LATERAL MOVE	65 SPECIFICS OTHER			(EACH • 67) SPECIFICS UNKNOWN	
IV Change Trafficway Vehicle Turning	J Turn Across Path	66 INITIAL OPPOSITE DIRECTIONS	67 68 69	70 71 72	73 74 75		(EACH • 74) (EACH • 75) SPECIFICS OTHER SPECIFICS UNKNOWN
	K Turn Into Path	76 TURN INTO SAME DIRECTION	77 78 79	80 81 82	83 84 85		(EACH • 84) (EACH • 85) SPECIFICS OTHER SPECIFICS UNKNOWN
V Intersecting Paths (Vehicle Damage)	L Straight Paths	86 87	88 89			(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN
V Miscellaneous	M Backing Etc	90 BACKING VEH.	91 OTHER VEH. OR OBJECT			92 Other Accident Type 93 Unknown Accident Type 94 No Impact	

OCCUPANT RELATED	
37. Driver Presence in Vehicle (0) Driver not present (1) Driver present (9) Unknown	<u>+</u>
38. Number of Occupants This Vehicle (00-96) Code actual number of occupants for this vehicle (97) 97 or more (99) Unknown	<u>27</u>
39. Number of Occupant Forms Submitted	<u>10</u>
AIR BAG RELATED	
40. Is this an AOPS Vehicle? (0) No (includes unknown) (1) Yes - researcher determined (2) VIN determined air bag system (3) VIN determined automatic (passive) belts (4) VIN determined air bag and automatic (passive) belts	<u>Q</u>
41. Air Bag(s) Deployment, First Seat Frontal (0) Not equipped or not available (1) No air bags deployed <i>Single Air Bag Vehicle</i> (2) Driver air bag deployed (3) Driver air bag, unknown if deployed <i>Multiple Air Bag Vehicle</i> (4) Driver side only deployed (5) Passenger side only deployed (6) Driver and passenger side deployed (7) Driver and passenger side unknown if deployed (8) Air bag(s) deployed, details unknown (9) Unknown	<u>Q</u>
42. Air Bag(s) Deployment, Other Than First Seat Frontal (0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown Specify type of "other" air bag present: _____	<u>Q</u>
VEHICLE WEIGHT ITEMS	
43. Vehicle Curb Weight 6,342 _____ Code weight to nearest 10 kilograms. (045) Less than 450 kilograms (610) 6,100 kilograms or more (999) Unknown <u>6,342</u> lbs X .4536 = <u>2,871</u> kgs	<u>9,990</u>
Source: _____	
44. Vehicle Cargo Weight Code weight to nearest 10 kilograms. (000) Less than 5 kilograms (450) 4,500 kilograms or more (999) Unknown lbs X .4536 = _____ kgs	
Source: _____	
ROLLOVER DATA	
45. Rollover (00) No rollover (no overturning) <i>Rollover (primarily about the longitudinal axis)</i> (01-16) Code the number of quarter turns (17) Rollover, 17 or more quarter turns (specify): (98) Rollover--end-over-end (i.e., primarily about the lateral axis) (99) Rollover (overturn), details unknown	<u>00</u>
46. Rollover Initiation Type (00) No rollover (01) Trip-over (02) Flip-over (03) Turn-over (04) Climb-over (05) Fall-over (06) Bounce-over (07) Collision with another vehicle (08) Other rollover initiation type (specify): (98) Rollover--end-over-end (99) Unknown rollover initiation type	<u>00</u>
47. Location of Rollover Initiation (0) No rollover (1) On roadway (2) On shoulder—paved (3) On shoulder—unpaved (4) On roadside or divided trafficway median (8) Rollover--end-over-end (9) Unknown	<u>Q</u>
48. Rollover Initiation Object Contacted (Note: Applicable codes on back of page)	<u>00</u>
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied (0) No rollover (1) Wheels/tires (2) Side plane (3) End plane (4) Undercarriage (5) Other location on vehicle (specify): (6) Non-contact rollover forces (specify): (8) Rollover--end-over-end (9) Unknown	<u>Q</u>
50. Direction of Initial Roll (0) No rollover (1) Roll right - primarily about the longitudinal axis (2) Roll left - primarily about the longitudinal axis (8) Rollover--end-over-end (9) Unknown roll direction	<u>0</u>

OVERRIDE/UNDERRIDE (THIS VEHICLE)		ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V	
51. Front Override/Underride (this Vehicle)	<u> </u>	58. Basis for Total (Resultant) Delta V (highest)	<u>O 4</u>
52. Rear Override/Underride (this Vehicle)	<u> </u>	(00) No vehicle inspection	
(0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride		<i>Delta V Calculated</i>	
<i>Override (see specific CDC)</i> <i>(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))</i>		(01) Reconstruction program -damage only routine	
(1) 1st CDC		(02) Reconstruction program -damage and trajectory routine	
(2) 2nd CDC		(03) Missing vehicle algorithm	
(3) Other not automated CDC (specify):			
<i>Underride (see specific CDC)</i> <i>(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))</i>		<i>Delta V Not Calculated</i>	
(4) 1st CDC		(04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.	
(5) 2nd CDC			
(6) Other not automated CDC (specify):			
(7) Medium/heavy truck or bus override (of any configuration)		<i>All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.</i>	
(9) Unknown			
HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V			
Values: (000)-(359) Code actual value			
(997) Noncollision			
(998) Impact with object			
(999) Unknown			
53. Heading Angle For This Vehicle	<u> </u>	(05) Rollover	
54. Heading Angle For Other Vehicle	<u> </u>	(06) Other non-horizontal forces	
RECONSTRUCTION DATA			
55. Towed Trailing Unit	<u> </u>	(07) Sideswipe type damage	
(0) No towed unit		(08) Severe override	
(1) Yes—towed trailing unit		(09) Yielding object	
(9) Unknown		(10) Overlapping damage	
56. Documentation of Trajectory Data for This Vehicle	<u> </u>	(11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify):	
(0) No			
(1) Yes			
57. Post Collision Condition of Tree or Pole (For Highest Delta V)	<u> </u>	(98) Other, (specify): _____	
(0) Not collision (for highest delta V) with tree or pole			
(1) Not damaged			
(2) Cracked/sheared			
(3) Tilted < 45 degrees			
(4) Tilted ≥ 45 degrees			
(5) Uprooted tree			
(6) Separated pole from base			
(7) Pole replaced			
(8) Other (specify):			
(9) Unknown			

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V

9 9 9

Highest

 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)

(160) 159.5 kmph and above

(999) Unknown

Highest

60. Longitudinal Component of
Delta V+ 9 9 9 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: _000 means greater than

-0.5 kmph and less than +0.5 kmph)

(\pm 160) \pm 159.5 kmph and above

(_999) Unknown

Highest

61. Lateral Component of Delta V

+ 9 9 9O Nearest kmph (highest) Nearest kmph (secondary)(NOTE: _000 means greater than -0.5 kmph
and less than +0.5 kmph)(\pm 160) \pm 159.5 kmph and above

(_999) Unknown

62. Energy Absorption

9 9 9.9 0 0

Highest

 Nearest 100 joules (highest) Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)

(9997) 999,650 joules or more

(9999) Unknown

63. Impact Speed

9 9 8

Highest

 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)

(160) 159.5 kmph and above

(998) Trajectory algorithm not run

(999) Unknown

DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program

Results (For Highest Delta V)

(0) No reconstruction

(1) Collision fits model — results appear reasonable

(2) Collision fits model — results appear high

(3) Collision fits model — results appear low

(4) Borderline reconstruction — results appear reasonable

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed

9 9 9

Highest

 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)

(160) 159.5 kmph and above

(999) Unknown

IS MISSING VEHICLE ALGORITHM APPLICABLE FOR THIS VEHICLE? [] YES NO

IF YES: IS A COMPLETED PROGRAM SUMMARY INCLUDED? [] YES [] NO

ESTIMATED DELTA V	VEHICLE INSPECTION
<p>66. Estimated Highest Delta V (Researcher Determined)</p> <p>(0) Reconstruction Delta V coded</p> <p><i>Estimated Delta V</i></p> <p>(1) Less than 10 kmph (2) \geq 10 kmph but $<$ 25 kmph (3) \geq 25 kmph but $<$ 40 kmph (4) \geq 40 kmph but $<$ 55 kmph (5) \geq 55 kmph</p> <p><i>Other estimates of damage severity</i></p> <p>(6) Minor (7) Moderate (8) Severe (9) Unknown</p>	<p>2</p> <p>67. Type of Vehicle Inspection</p> <p>(0) No inspection (1) Vehicle fully repaired-no damage evident (2) Partial inspection (specify): <u>NO contour gauge set up</u> (3) Complete inspection <u>Not CDS vehicle</u></p> <p>2</p>

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67=0), ***

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***

THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



**U.S. Department of Transportation
National Highway Traffic Safety
Administration**

EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>2 5 4.</u>	inches x 2.54 =	<u>6 4 5</u> cm
Overall Length	<u>4 0 4.</u>	inches x 2.54 =	<u>1, 0 2 6</u> cm
Maximum Width	<u>9 0 . 1 2 5</u>	inches x 2.54 =	<u>2 2 9</u> cm
Curb Weight	<u>5.7</u> <u>l</u> <u>6, 3 4 2</u>	pounds x 0.4536 =	<u>2, 8 7 7</u> kg
Average Track	<u>— — —.</u>	inches x 2.54 =	<u>— — —</u> cm
Front Overhang	<u>3 1 . 2 5</u>	inches x 2.54 =	<u>7 9</u> cm
Rear Overhang	<u>— — —.</u>	inches x 2.54 =	<u>— — —</u> cm
Undeformed End Width	<u>— — —.</u>	inches x 2.54 =	<u>— — —</u> cm
Engine Size: cyl/displ.	<u>— — —</u>	cc x 0.001 =	<u>6.0</u> L
6.0 l V8	<u>— — —</u>	CID x 0.0164 =	<u>— . —</u> L

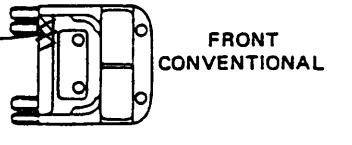
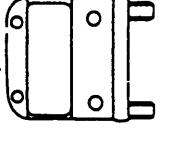
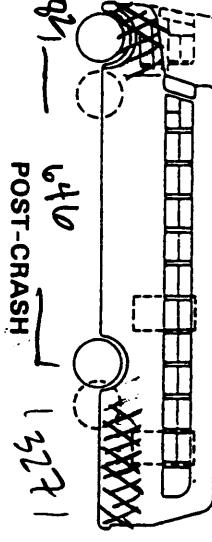
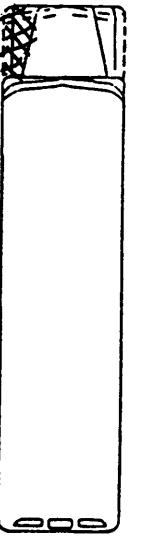
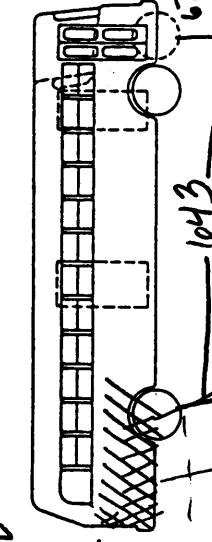
VIN

Chassis-Cowl weight

SPECIAL CRASH INVESTIGATION ADDENDUM

Submodel Designation: {specify}	Color: {specify}	Yellow	Repair Cost: \$
Transmission: {circle} Automatic <input checked="" type="checkbox"/> Manual	Speed: 3-speed <input checked="" type="checkbox"/> 4-speed <input type="checkbox"/> 5-speed Other:		
Steering: {circle} <input checked="" type="checkbox"/> Power-assisted Manual	Type: rack-and-pinion worm-and-gear Other		
{please describe}: Hydraulic			
Brakes: {circle} <input checked="" type="checkbox"/> Power-assisted Manual	Type: 4-wheel disc 4-wheel drum <input checked="" type="checkbox"/> 4-wheel hydraulic <input type="checkbox"/> front disc, rear drum Other:		
Observed Defects: {specify}			
Fleet Type: {circle} Private vehicle Rental vehicle Leased vehicle Commercial vehicle Other			
{please describe}: _____			



DAMAGE DESCRIPTION	TYPE OF TRANSMISSION	WHEEL STEER ANGLES
Tire—Wheel Damage Rotation physically restricted RF <u>2</u> For rear wheels LF <u>2</u> circle axle(s) RR <u>2</u> 2 3 LR <u>2</u>	<input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic Front Track: <u>190</u> Cab Width: _____ Curb Weight: <u>> 6,342</u> Overall Length: <u>1,026</u> Wheel Base: <u>645</u> Engine Size: cyl. <u>V8</u> displ. <u>6.0 L</u>	(For locked front wheels or displaced rear axles only) RF \pm ____ ° For rear wheels LF \pm ____ ° circle axle(s) RR \pm ____ ° 2 3 LR \pm ____ ° Within \pm 5 degrees
(1) Yes, (2) No, (8) NA, (9) Unk.		
 <p>FRONT CONVENTIONAL</p> <p>Fiberglass TORN/Broken Away from Hood AREA - Pole impact?</p> <p>All windows Burnt out</p>		
 <p>FRONT FORWARD CONTROL</p>		
 <p>POST-CRASH</p> <p>whole TOTALLY ruined FIRE</p> <p>1821-646-1327</p> <p>Front Left Control Post-Crash Event #1</p> <p>1561-643-1671</p> <p>DIRECT to TIRE & RIM</p>		
 <p>REAR CONVENTIONAL</p>		
 <p>REAR FORWARD CONTROL</p> <p>REAR</p> <p>Front Right Control Post-Crash Event #1</p> <p>1561-643-1671</p> <p>Front Left Control Post-Crash Event #1</p>		

Note: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewall, etc.) If pulling trailer sketch type of trailer and damage received on the back of this page. Annotate any damage caused by extrication such as component removal by torching, prying or hydraulic shears. Annotate any tires which are deflated due to damage on the vehicle sketch. If the vehicle contacted a pedestrian, complete page 6R

**Vehicle Identification Number
and Registration Data**

1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	2	3	4	5	6	7	8	9	0	0	0	0	0	0	0	0

GENERAL MOTORS (CHEVROLET - GMC)
VEHICLE IDENTIFICATION NUMBER (Cont'd.)

(2) SECOND SECTION — VEHICLE ATTRIBUTES

(B) Model Code - Line, Series, Body (Cont'd.)

★ ★ ★ ★ ★ ★ ★ ★ ★ G18	- TG1106/TG11306 4x2 "Rally" "Fleetside" "Sportvan" "Beavertail" Compact Bus
★ ★ ★ ★ ★ ★ ★ ★ ★ G25	- TG21005/TG21305 4x2 "Vandura" "Chevy Van" Compact Van - Also "Gaucho" "Nomad"
★ ★ ★ ★ ★ ★ ★ ★ ★ G26	- TG21006/TG23106 4x2 "Rally" "Rally STX" "Sportvan" "Beavertail" Compact Bus
— — — — — ★ ★ ★ ★ G30	- 4x2 "Chevy Van" "Sport Van" "Vandura" "Rally"
★ ★ ★ ★ ★ ★ ★ ★ ★ *G31	- TG31303/TG31803 4x2 "Hi Cube" "Magnevan" Compact Step Van
★ ★ ★ ★ ★ ★ ★ ★ ★ *G31	- TG31321/TG31632/TG31303/TG31803 4x2 "Rally Camper Special" "RV Cutaway Van" "Vandura Special" "Commercial Cutaway Van" Front End Compact Section
★ ★ ★ ★ ★ ★ ★ ★ ★ G35	- TG31305 4x2 "Vandura" "Chevy Van" Compact Van
★ ★ ★ ★ ★ ★ ★ ★ ★ G36	- TG31306 4x2 "Rally" "Rally STX" "Sportvan" "Beavertail" Compact Bus
★ ★ ★ ★ ★ ★ ★ ★ ★ *K14	- TK10703/TK10903 4x4 "Wideside" "Fenderside" "Fleetside" "Stepside" Conv. Pickup
★ ★ ★ ★ ★ ★ — — — K16	- TK10906 4x4 "Suburban" Conventional Wagon
★ ★ ★ ★ ★ ★ — — — K18	- TK10516 4x4 "Jimmy" "Blazer" Conventional Utility
★ ★ ★ ★ ★ ★ — — — *K24	- TK20903 4x4 Conv. Chs & Cab
★ ★ ★ ★ ★ ★ — — — *K24	- TK20903 4x4 "Wideside" "Fenderside" "Fleetside" "Stepside" Conv. Pickup
★ ★ ★ ★ ★ ★ — — — K26	- TK20906 4x4 "Suburban" Conventional Wagon
★ ★ ★ ★ ★ ★ — — — *K33	- TK30903 4x4 Conv. Crew Cab & Chs
★ ★ ★ ★ ★ ★ — — — *K33	- TK30903 4x4 "Wideside" "Fenderside" Conv. Crew Cab Pickup
★ ★ ★ ★ ★ ★ — — — *K34	- TK30903/TK31003/TK31403 4x4 Conv. Chs & Cab - Also Bonus Cab
★ ★ ★ ★ ★ ★ — — — *K34	- TK30903 4x4 "Wideside" "Fleetside" Conv. Pickup - Also Bonus Cab
★ ★ — — — — — — L14	- CL10503 4x2 "Luv" Import Mini-Pickup
★ ★ — — — — — — L14	- CL10503 4x2 "Luv" Import Chs & Cab
— — — — — ★ ★ ★ ★ M15	- TM10905 Mini-Van "Astro", "Safari" (Cargo)
— — — — — ★ ★ ★ ★ M15	- TM10906 Mini-Van "Astro", "Safari" (Passenger)
★ ★ ★ ★ ★ ★ — — — *P22	- TP20842/TP21042 4x2 "Forward Control" Stripped Chassis
★ ★ ★ ★ ★ ★ — — — *P22	- TP20842/TP21042 4x2 "Value Van" Steel or Alum. Step Van
★ ★ ★ ★ ★ ★ — — — *P32	- TP30842/TP31042/TP31442 4x2 "Forward Control" Stripped Chassis
★ ★ ★ ★ ★ ★ — — — *P32	- TP30842/TP31042/TP31442 4x2 "Value Van" Steel or Alum. Step Van
★ ★ ★ ★ ★ ★ — — — P37	- TP30832/TP31132/TP31432/TP31832 4x2 Motor Home Stripped Chassis
★ ★ — — — — — — R14	- RL10503 4x4 "Luv" Import Mini-Pickup
— — — — — ★ — — — R14	- 4x2 "Wideside" "Fenderside" "Fleetside" "Stepside" Conv. Pickup
— — — — — ★ — — — R16	- 4x2 "Suburban" Conventional Wagon
— — — — — ★ — — — R24	- 4x2 "Wideside" "Fenderside" "Fleetside" "Stepside" Conv. Pickup
— — — — — ★ — — — *R24	- 4x2 Conv. Wideside Bonus Cab-also Crew Cab
— — — — — ★ — — — R26	- 4x2 "Suburban" Conventional Wagon
— — — — — ★ — — — R33	- 4x2 Conv. Crew Cab & Chs. & Bonus Cab & Chs

VIN-21

**Vehicle Identification Number
and Registration Data**

1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	2	3	4	5	6	7	8	9	0	0	0	0	0	0	0	0

GENERAL MOTORS (CHEVROLET - GMC)
VEHICLE IDENTIFICATION NUMBER (Cont'd.)

(2) SECOND SECTION — VEHICLE ATTRIBUTES

(B) Model Code - Line, Series, Body (Cont'd.)

— — — — — ★ — — — R34	- 4x2 "Wideside" "Fenderside" "Fleetside" "Stepside" Conv. Pickup - Also Bonus Cab
— — — — — ★ — — — *R34	- 4x2 Conv. Chs & Cab - also Bonus Cab
— ★ ★ ★ ★ ★ — — — *S14	- TS10603/TS10803 "S10", "S15" 4x2 Chs & Cab
— ★ ★ ★ ★ ★ — — — S14	- TS10603/TS10803 "S10 FleetSide", "S15 Wideside" 4x2 Compact Pickup
— — — — — ★ — — — S18	- TS10516 "S10", "S15" 4x2 "Blazer", "Jimmy" Compact Utility
— — — — — ★ — — — *T14	- TT10603/TT10803 "S10", "S15" 4x4 Chs & Cab
— — — — — ★ — — — T14	- TT10603/TT10803 "S10", "S15" 4x4 Wideside Compact Pickup
— — — — — ★ — — — T18	- TT10516 "S10", "S15" 4x4 "Blazer", "Jimmy" Compact Utility
— — — — — — — — U06	- 1UM06 Lumina APV
— — — — — — — — V14	- 4x4 "Wideside" "Fenderside" "Fleetside" "Stepside" Conv. Pickup
— — — — — — — — V16	- 4x4 "Suburban" Conventional Wagon
— — — — — — — — V18	- 4x4 "Jimmy" "Blazer" Conventional Utility
— — — — — — — — V24	- 4x4 "Wideside" "Fenderside" "Fleetside" "Stepside" Conv. Pickup
— — — — — — — — V26	- 4x4 "Suburban" Conventional Wagon
— — — — — — — — V33	- 4x4 Conv. Crew Cab & Chs.
— — — — — — — — V34	- 4x4 "Wideside" "Fenderside" "Fleetside" "Stepside" Conv. Pickup - Also Bonus Cab
— — — — — — — — V34	- 4x4 Conv. Chs & Cab - Also Bonus Cab
— — — — — — — — W80	- 1GW06 4x2 "Caballero" "El Camino" Sedan Pickup

Medium & Heavy Duty Trucks
(The 1st digit of this position is a number for all Medium and Heavy Duty Trucks)

Code	Model	Series	Description
— — — — — ★ — — — 4B1	- W4S042	4500	4x2 87.8" BBC Steel TIR Chs & Cab
★ ★ ★ ★ ★ — — — 4T1	- P4T042	4500	4x2 Forward Control Chassis
★ ★ ★ ★ ★ — — — S01	- C5D042	5000	4x2 87.8" BBC Conv Chs & Cab
— — — — — ★ — — — 6A1	- W6R042	5000	4x2 72.5" BBC Steel TIR Chs & Cab
★ ★ ★ ★ ★ — — — 8D1	- C8D042	6000	4x2 87.8" BBC Conv Chs & Cab
★ ★ ★ — — — — — 8D3	- C8D062	6000	6x2 87.8" BBC Conv Chs & Cab
★ ★ ★ — — — — — *8P1	- 8AP042	6000	6x2 Bus Chassis & Conv
— — — — — ★ — — — 7T1	- P6T042	6000	4x2 Forward Control Chassis
— — — — — ★ — — — 7D1	- C7D042	7000	4x2 87.8" BBC Steel TIR Chs & Cab
— — — — — ★ — — — 7D4	- C7D064	7000	6x4 87.8" BBC Conv Chs & Cab
— — — — — ★ — — — 7S1	- S7T042	7000	4x2 Bus Chassis
★ ★ ★ ★ ★ — — — 8C1	- J8C042	8000	4x2 87.8" BBC Conv Chs & Cab
★ ★ ★ ★ ★ — — — 8C4	- J8C064	8000	6x4 87.8" BBC Conv Chs & Cab
★ ★ ★ ★ ★ — — — 9C1	- J9C042	9500	4x2 87.8" BBC Conv Chs & Cab
★ ★ ★ ★ ★ — — — 9C4	- J9C064	9500	6x4 87.8" BBC Conv Chs & Cab
★ ★ ★ ★ ★ — — — 9K1	- D9K042	9500	4x2 85" BBC Alum HI TIR Chs & Cab
★ ★ ★ ★ ★ — — — 9K4	- D9K064	9500	6x4 85" BBC Alum HI TIR Chs & Cab
★ ★ ★ ★ ★ — — — 9L1	- D9L042	9500	4x2 87" BBC Alum HI TIR Chs & Cab
★ ★ ★ ★ ★ — — — 9L4	- D9L064	9500	6x4 87" BBC Alum HI TIR Chs & Cab
★ ★ ★ ★ ★ — — — 9E1	- N9E042	9500	4x2 108" BBC Alum Conv Chs & Cab
★ ★ ★ ★ ★ — — — 9E4	- N9E064	9500	6x4 108" BBC Alum Conv Chs & Cab

1981-1990

VIN-22

CHEVROLET SERIES B6P042

REAR AXLE: GMC H-150, single reduction, hypoid, rated capacity 15,000 lbs., ratio 7.17, avail. with hydraulic brakes only. Optional: Standard axle with 6.14, or 6.83 ratios; H-175, single speed, 17,500 lb. capacity, 6.14, 6.83, or 7.17 ratios, Eaton 17121, single speed, 19,000 lb. capacity, 6.57, or 7.17 ratios; Eaton 22121, single speed, 20,000 lb. capacity, 6.50 or 7.17 ratios, requires air brakes; T-150, 2-speed, 15,000 lb. capacity, ratios 6.29/8.74, requires hyd. brakes; T-175, 2-speed, 17,500 lb. capacity, 6.57/9.13 ratio; Eaton 17221, 2-speed, 19,000 lb. capacity, 6.57/8.94 ratio, requires 6.0L eng. w/NP542L or CL455 trans.; Eaton 22221, 2-speed, 20,000 lb. capacity, 6.50/8.86 ratio, requires air brakes.

SERVICE BRAKES: Dual Hydraulic power, split system, 12.9" dia. single diaphragm vacuum booster and single hydraulic booster, 1,000 cu. in. vacuum reserve tank; 14-3/4 x 1-5/16 disc front, 77.6 sq. in. area; 15 x 5 drum rear, 303.0 sq. in. lining area. Optional w/hyd. brakes - w/9,000 lb. front axle - 15-3/8 x 1-1/2 hyd. disc front, w/17,500 lb. rear axle, 15-5/8 x 1-1/2 hyd. disc rear brakes; w/19,000 lb. or above rear axles - 15-3/8 x 1-1/2 hyd. disc rear brakes. Optional Dual air system: includes - dash dash mounted application valve, one 2551 cu.in. two-compartment wet/dry and one 1535 cu.in. dry air tanks, rear dust shields; requires 7.25, 12, or 13 cu. ft. air compressor (Air brakes require 218" wh. minimum & N/A w/15,000 lb. rear axle); 15 x 4 cam front, 245.6 sq. in. lining area; 16.5 x 6 S-cam rear, 418.4 sq. in. lining area. Optional w/air brakes: 16.5 x 7 rear, 440 sq. in. area; quick release limiting valve; air dryer; alcohol evaporator; wheel lock control; moisture ejector.

PARKING BRAKE: 11 x 2 internal expanding on trans., cam lever, 41.8 sq. in. lining area. Optional: w/air brakes - air actuated, spring load.

CLUTCH: w/5.7L & 6.0L engines - Borg & Beck 13" dia. single plate, cerametalix facing, 36 sq.in. frictional area.

COOLING SYSTEM: w/5.7L eng., 21 qt. tube and center radiator, 9-lb. pressure cap, 20" dia. 5-blade fan (34 qt. w/6.0L eng.).

DRIVE LINE: Spicer 1410 series prop shaft and universal joints.

ELECTRICAL SYSTEM: 12-volt, 540 CCA battery; 108 amp. alternator.

FRAME: SAE #1023 hi-tensile steel channel. w/149" & 189" wbs., 9-1/8 x 3-1/4 side rails, 9.38 section modulus. Optional: SAE #950 steel channel, available with 218"-274" wbs. only, 9-1/4 x 3-1/16 x 5/16 side rails, 11.80 section modulus.

FUEL TANK: 30 gallon capacity steel rectangular tank mounted on RH frame rail, includes protective shielding structure. Optional: 60 gallon RH rectangular tank.

CHEVROLET SERIES B6P042

STEERING: Saginaw 710D integral hydraulic power steering, ratio 24:1, 19" dia. wheel.

SUSPENSION: Front - Semi-elliptic steel leaf springs, variable rate. Front - 53.75 x 3, 7-leaf, capacity at pad/ground 2,900/3,500 lbs. each. Rear - 54 x 3, 9-leaf, capacity at pad/ground 6,975/7,500 lbs. each. Optional: Front - 7-leaf, 2,650/4,000 lbs. each; 7-leaf, 4,050/4,500 lbs. each. Rear - w/17,500 or 19,000 lb. rear axles, 9-leaf, 8,220/9,250 lbs. each; w/all axles, 10-leaf, 8,967/10,400 lbs. each; w/20,000 lb. axle, 11-leaf, 10,461/11,500 lbs. each.

TRANSMISSION: SM-465, 4-speed manual, synchromesh, ratios 6.55, 3.58, 1.70, 1.00 reverse 6.09, PTO openings both sides. Optional: New Process 542L; Clark CL455; Allison AT-545.

HEELS AND TIRES: 8.25-20E, front and dual rear tube type tires on 20 x 6.5" rims, 10 stud FN disc wheels. Optional tube type tire sizes available on cast spoke or disc wheels.

STANDARD EQUIPMENT: 189" wb. School Bus Chassis; Bus application; dry paper element air cleaner; emission control systems; velocity governor; 1-qt. throwaway full flow oil filter; front shock absorbers; front bumper; fuel filter; single horizontal stainless steel exhaust.

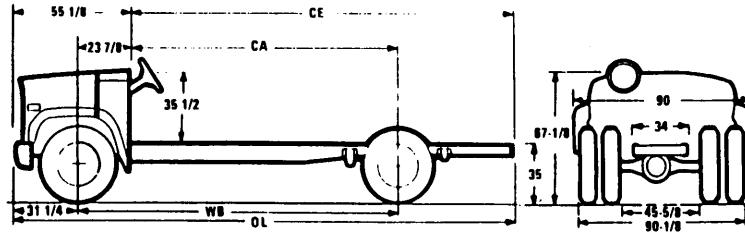
OPTIONAL EQUIPMENT: Increased capacity electrical and cooling systems; Viscous drive fan; Vernier hand locking throttle; RH side shift control; No-spin rear differential; 1/4" steel channel type bumper; 12 ton hyd. jack; Sheet metal deletion with control island, deletes cowl-hood-fenders & replaces them with a driver control island; spare wheel carrier; front tow hooks; rear shock absorbers; Calif. emission control system; Commercial Cowl Conversion, propshaft & fuel tank guards are deleted (Not intended for School Bus or Transit Bus use).

CHEVROLET

CHEVROLET SERIES B6P042

GVWR Range: 17,280-29,000 Lbs.

Pupil Capacity 36-72



CHEVROLET

ENGINE: Standard: 5.7L 350-4 V8, 163 NHP @ 3800 RPM.
 Optional: 6.0L 366-4 V8, 210 NHP @ 3800 RPM.
 Calif. Engines: 5.7L 350-4 V8, 161 NHP @ 3800 RPM.
 6.0L 366-4 V8, 184 NHP @ 3800 RPM.

MODELS AVAILABLE: School Bus Chassis-Cowl.**CHASSIS-COWL WEIGHTS & DIMENSIONS:** (Std. equip., water & oil, less fuel)

WB	CA	CE	OL	Front	Rear	Total	Pupil Cap.
189	165	268	322.88	3,349	2,523	5,872	48
218	194	295	349.88	3,470	2,663	6,133	54
235	211	323	377.88	3,519	2,745	6,264	60
254	230	349	404	3,563	2,779	6,342	66
274	250	368	423	3,640	2,796	6,436	72

125 101 141 196 Avail. w/Commercial Cowl Conv. only
 137 113 161 216 Avail. w/Commercial Cowl Conv. only

149* 125 228 282.88 3,209 2,579 5,788 36
 *149" wbs. requires hydraulic brakes and 30 gallon fuel tank,
 15,000 lb. rear axle, 7,500 lb. front axle, Max. GVWR is
 21,000 lbs.

GENERAL SPECIFICATIONS

FRONT AXLE: I-beam, wide track, rated capacity 7,000 lbs. (Avail. w/149" and 189" wbs. only). Optional: Std. axle with 7,500 lb. capacity, N/A w/149"-189" wbs. w/hyd. brakes, or N/A w/std. rear axle w/air brakes; 9,000 lb. cap., req. 4,000 lb. springs, & 218"-274" wbs., or N/A w/std. rear axle w/air brakes.

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. _____	5. _____	6. _____	7. _____	8. _____	9. _____	10. _____	11. _____

Second Highest Delta "V"

12. _____ 13. _____ 14. _____ 15. _____ 16. _____ 17. _____ 18. _____ 19. _____

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	22. <u>± D</u>
-----	-----	-----	-----	-----	-----	-----	+
-----	-----	-----	-----	-----	-----	-----	-

Second Highest Delta "V"

23. <u>L</u>	24. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	25. <u>± D</u>
-----	-----	-----	-----	-----	-----	-----	+
-----	-----	-----	-----	-----	-----	-----	-

26. Undeformed End Width (Coded when highest severity impact is an end plane impact) Code to the nearest centimeter (250) 250 centimeters or more (998) No highest severity end plane impact (999) Unknown	28. Original Wheelbase Code to the nearest centimeter (650) 650 centimeters or more (999) Unknown _____ inches X 2.54 = <u>645</u> centimeters
27. Direct Damage Width (For highest severity impact) <u>346</u> Code to the nearest centimeter (250) 250 centimeters or more (999) Unknown	29. Original Average Track Width Code to the nearest centimeter (185) 185 centimeters or more (999) Unknown _____ inches X 2.54 = _____ centimeters

FUEL SYSTEM	
<p>30. Are CDCs Documented but Not Coded on The Automated File?</p> <p>(0) No (1) Yes</p> <p>31. Researcher's Assessment of Vehicle Disposition</p> <p>(0) Not towed due to vehicle damage (1) Towed due to vehicle damage (9) Unknown</p> <p>32. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle?</p> <p>(0) No post manufacturer modifications (1) Yes - post manufacturer modifications (specify): _____ - (Include photograph of CERTIFICATION PLACARD in case report) (9) Unknown if vehicle is modified</p>	<p><u>0</u></p> <p><u>1</u></p> <p><u>1</u></p> <p><u>5</u></p> <p><u>0</u></p>
FIRE OCCURRENCE	
<p>33. Fire Occurrence</p> <p>(0) No fire</p> <p>Yes, fire occurred</p> <p>(1) Minor (2) Major (9) Unknown</p> <p>34. Origin of Fire</p> <p>(0) No fire (1) Vehicle exterior (front, side, back, top) (2) Exhaust system (3) Fuel tank (and other fuel retention system parts) (4) Engine compartment (5) Cargo/trunk compartment (6) Instrument panel (7) Passenger compartment area (8) Other location (specify): _____ (9) Unknown</p>	<p><u>2</u></p> <p><u>1</u></p> <p><u>6</u></p> <p><u>0</u></p>
<p>35. Location of Fuel Tank-1 Filler Cap</p> <p>36. Location of Fuel Tank-2 Filler Cap</p> <p>(0) No fuel tank (1) On back plane (2) Aft of center of the rear wheels (rear axle) on left side plane (3) Aft of center of the rear wheels (rear axle) on right side plane (4) Forward of center of the rear wheels (rear axle) on left side plane (5) Forward of center of the rear wheels (rear axle) on right side plane (6) Over the center of the rear wheels (rear axle) on left side plane (7) Over the center of the rear wheels (rear axle) on right side plane (8) Other (specify): _____ (9) Unknown</p> <p>37. Type of Fuel Tank-1</p> <p>38. Type of Fuel Tank-2</p> <p>(0) No fuel tank (electrical vehicle) (1) Metallic (2) Non-metallic (9) Unknown</p> <p>39. Location of Fuel Tank-1</p> <p>40. Location of Fuel Tank-2</p> <p>(0) No fuel tank (1) Aft of center of the rear wheels (rear axle) centered (2) Aft of center of the rear wheels (rear axle) left side (3) Aft of center of the rear wheels (rear axle) right side (4) Forward of center of the rear wheels (rear axle) centered (5) Forward of center of the rear wheels (rear axle) left side (6) Forward of center of the rear wheels (rear axle) right side (7) Over center of the rear wheels (rear axle) (8) Other (specify): _____ (9) Unknown</p> <p>41. Damage to Fuel Tank-1</p> <p>42. Damage to Fuel Tank-2</p> <p>(0) No fuel tank (1) No damage to fuel tank (2) Deformed, no seam failure (3) Deformed, with a seam failure (4) Punctured (5) Lacerated (ripped) (6) Abraded (scraped) (7) Filler neck separation from the fuel tank (8) Other damage (specify): _____ (9) Unknown</p>	<p><u>5</u></p> <p><u>0</u></p> <p><u>1</u></p> <p><u>6</u></p> <p><u>0</u></p> <p><u>1</u></p> <p><u>0</u></p>

Appendix E:

NASS CDS VEHICLE FORMS: VEHICLE #2

GENERAL VEHICLE FORM

<p>1. Primary Sampling Unit Number <u>10</u></p> <p>2. Case Number - Stratum <u>9516</u></p> <p>3. Vehicle Number <u>02</u></p>	<p>12. Speed Limit <u>072</u> (000) No statutory limit Code posted or statutory speed limit in kmph (999) Unknown</p> <p><u>45</u> mph X 1.6093 = <u>72</u> kmph</p>
VEHICLE IDENTIFICATION	
<p>4. Vehicle Model Year <u>85</u> Code the last two digits of the model year (99) Unknown</p> <p>5. Vehicle Make (specify): <u>Chevrolet</u> Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (99) Unknown</p> <p>6. Vehicle Model (specify): <u>470</u> Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (99) Unknown</p> <p>7. Body Type <u>28</u> Note: Applicable codes may be found on the back of this page.</p> <p>8. Vehicle Identification Number <u>2G BHG 31M 2F4</u> Left justify; Slash zeros and letter Z (0 and Z) No VIN—Code all zeros Unknown—Code all nines</p> <p>9. Vehicle Special Use (This Trip) <u>0</u> (0) No special use (1) Taxi (2) Vehicle used as school bus (3) Vehicle used as other bus (4) Military (5) Police (6) Ambulance (7) Fire truck or car (8) Other (specify): _____ (9) Unknown</p>	<p>13. Police Reported Alcohol Presence For Driver <u>0</u> (0) No alcohol present (1) Yes alcohol present (7) Not reported (8) No driver present (9) Unknown</p> <p>14. Alcohol Test Result For Driver <u>96</u> Code actual value (decimal implied before first digit—0.xx) (95) Test refused (96) None given (97) AC test performed, results unknown (98) No driver present (99) Unknown</p> <p>Source: _____</p> <p>15. Police Reported Other Drug Presence For Driver <u>0</u> (0) No other drug(s) present (1) Yes other drug(s) present (7) Not reported (8) No driver present (9) Unknown</p> <p>16. Other Drug Specimen Test Result For Driver <u>0</u> (0) No specimen test given (1) Drug(s) not found in specimen (2) Drug(s) found in specimen, (specify): (3) Specimen test given, results unknown or not obtained (8) No driver present (9) Unknown if specimen test given</p> <p>17. Driver's Zip Code _____ (00001)Driver not a resident of U.S. or territories Code actual 5-digit zip code (99998)No driver present (99999)Unknown</p> <p>18. Driver's Race/Ethnic Origin <u>1</u> (1) White (non-Hispanic) (2) Black (non-Hispanic) (3) White (Hispanic) (4) Black (Hispanic) (5) American Indian, Eskimo or Aleut (6) Asian or Pacific Islander (7) Other (specify): (8) No driver present (9) Unknown</p>
OFFICIAL RECORDS	
<p>10. Police Reported Vehicle Disposition <u>1</u> (0) Not towed due to vehicle damage (1) Towed due to vehicle damage (9) Unknown</p> <p>11. Police Reported Travel Speed <u>999</u> Code to the nearest kmph (NOTE: 000 means less than 0.5 kmph) (160) 159.5 kmph and above (999) Unknown</p> <p>_____ mph X 1.6093 = _____ kmph</p>	

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____

- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,500$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,500$ kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,500$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,500$ kgs GVWR)
- (24) Van based school bus ($\leq 4,500$ kgs GVWR)
- (25) Van based other bus ($\leq 4,500$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): Hi Cube
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,500$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)

- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,500$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____

- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,500$ kgs GVWR)

- (60) Step van ($> 4,500$ kgs GVWR)
- (61) Single unit straight truck ($4,500$ kgs $<$ GVWR \leq 8,850 kgs)
- (62) Single unit straight truck (8,850 kgs $<$ GVWR \leq 12,000 kgs)
- (63) Single unit straight truck ($> 12,000$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____

- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction
 (0) Non-interchange area and non-junction
 (1) Interchange area related

Non-Interchange junctions

- (2) Intersection related
 (3) Driveway, alley access related
 (4) Other junction (specify)

(5) Unknown type of junction

(9) Unknown

20. Trafficway Flow

- (0) Not physically divided (two way traffic)
 (1) Divided trafficway-median strip without positive barrier
 (2) Divided trafficway-median strip with positive barrier
 (3) One way traffic
 (9) Unknown

21. Number Of Travel Lanes

- (1) One
 (2) Two
 (3) Three
 (4) Four
 (5) Five
 (6) Six
 (7) Seven or more
 (9) Unknown

22. Roadway Alignment

- (1) Straight
 (2) Curve right
 (3) Curve left
 (9) Unknown

23. Roadway Profile

- (1) Level
 (2) Uphill grade (> 2%)
 (3) Hill crest
 (4) Downhill grade (> 2%)
 (5) Sag
 (9) Unknown

24. Roadway Surface Type

- (1) Concrete
 (2) Bituminous (asphalt)
 (3) Brick or block
 (4) Slag, gravel, or stone
 (5) Dirt
 (8) Other (specify): _____
 (9) Unknown

25. Roadway Surface Condition

- (1) Dry
 (2) Wet
 (3) Snow or slush
 (4) Ice
 (5) Sand, dirt, or oil
 (8) Other (specify): _____
 (9) Unknown

26. Light Conditions

- (1) Daylight
 (2) Dark
 (3) Dark, but lighted
 (4) Dawn
 (5) Dusk
 (9) Unknown

27. Atmospheric Conditions

- (0) No adverse atmospheric-related driving conditions
 (1) Rain
 (2) Sleet/hail
 (3) Snow
 (4) Fog
 (5) Rain and fog
 (6) Sleet and fog
 (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
 (9) Unknown

28. Traffic Control Device

- (0) No traffic control(s)
 (1) Traffic control signal (not RR crossing)

Regulatory

- (2) Stop sign
 (3) Yield sign
 (4) School zone sign
 (5) Other regulatory sign (specify): _____

- (6) Warning sign (not RR crossing)

- (7) Unknown sign
 (8) Miscellaneous/other controls including RR controls (specify): _____

- (9) Unknown

29. Traffic Control Device Functioning

- (0) No traffic control device
 (1) Traffic control device not functioning (specify): _____
 (2) Traffic control device functioning properly
 (9) Unknown

PRECRASH DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving (Prior To Recognition Of Critical Event) 01
- (00) No driver present
 - (01) Attentive or not distracted
 - (02) Looked but did not see
- Distractions*
- (03) By other occupant(s), (specify): _____
 - (04) By moving object in vehicle (specify): _____
 - (05) While talking or listening to cellular phone (specify location and type of phone): _____
 - (06) While dialing cellular phone (specify location and type of phone): _____
 - (07) While adjusting climate controls
 - (08) While adjusting radio, cassette, CD (specify): _____
 - (09) While using other device/object in vehicle (specify): _____
 - (10) Sleepy or fell asleep
 - (11) Distracted by outside person, object, or event (specify): _____
 - (12) Eating or drinking
 - (13) Smoking related
 - (97) Distracted/inattentive, details unknown
 - (98) Other, distraction (specify): _____
 - (99) Unknown
31. Pre-Event Movement (Prior to Recognition of Critical Event) 01
- (00) No driver present
 - (01) Going straight
 - (02) Decelerating in traffic lane
 - (03) Accelerating in traffic lane
 - (04) Starting in traffic lane
 - (05) Stopped in traffic lane
 - (06) Passing or overtaking another vehicle
 - (07) Disabled or parked in travel lane
 - (08) Leaving a parking position
 - (09) Entering a parking position
 - (10) Turning right
 - (11) Turning left
 - (12) Making a U-turn
 - (13) Backing up (other than for parking position)
 - (14) Negotiating a curve
 - (15) Changing lanes
 - (16) Merging
 - (17) Successful avoidance maneuver to a previous critical event
 - (97) Other (specify): _____
 - (99) Unknown
32. Critical Precrash Event 66
- This Vehicle Loss of Control Due To:*
- (01) Blow out or flat tire
 - (02) Stalled engine
 - (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
 - (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
 - (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
 - (06) Traveling too fast for conditions
 - (08) Other cause of control loss (specify): _____
 - (09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (18) This vehicle decelerating
- (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Other vehicle stopped
- (51) Traveling in same direction with lower steady speed
- (52) Traveling in same direction while decelerating
- (53) Traveling in same direction with higher speed
- (54) Traveling in opposite direction
- (55) In crossover
- (56) Backing
- (59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

Pedestrian, Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

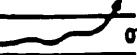
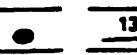
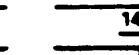
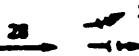
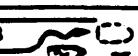
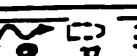
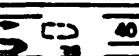
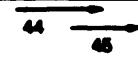
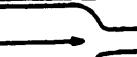
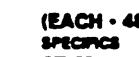
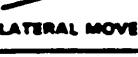
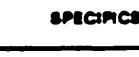
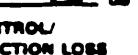
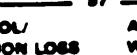
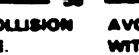
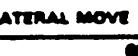
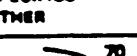
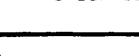
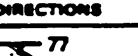
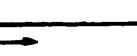
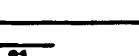
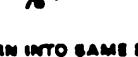
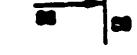
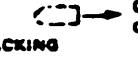
Object or Animal

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____

- (99) Unknown

<p>33. Attempted Avoidance Maneuver</p> <p>(00) No driver present (01) No avoidance maneuver (02) Braking (no lockup) (03) Braking (lockup) (04) Braking (lockup unknown) (05) Releasing brakes (06) Steering left (07) Steering right (08) Braking and steering left (09) Braking and steering right (10) Accelerating (11) Accelerating and steering left (12) Accelerating and steering right (98) Other action (specify): <hr/> (99) Unknown</p> <p>34. Pre-Impact Stability</p> <p>(0) No driver present (1) Tracking (2) Skidding longitudinally—rotation less than 30 degrees (3) Skidding laterally—clockwise rotation (4) Skidding laterally—counterclockwise rotation (7) Other vehicle loss-of-control (specify): <hr/> (9) Precrash stability unknown</p>	<p><u>02</u></p> <p><u>1</u></p>	<p>35. Pre-Impact Location</p> <p>(0) No driver present (1) Stayed in original travel lane (2) Stayed on roadway but left original travel lane (3) Stayed on roadway, not known if left original travel lane (4) Departed roadway (5) Remained off roadway (6) Returned to roadway (7) Entered roadway (9) Unknown</p> <p>36. Accident Type</p> <p>(Note: Applicable codes on back of this page)</p> <p>(00) No impact Code the number of the diagram that best describes the accident circumstance (98) Other accident type (specify): <hr/> (99) Unknown</p>	<p><u>1</u></p> <p><u>86</u></p>
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STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

Category	Configuration	ACCIDENT TYPES (Includes Intent)					
I Single Driver	A Right Roadside Departure		01 DRIVE OFF ROAD		02 CONTROL/TRACTION LOSS		03 AVOID COLLISION WITH VEH., PED., ANIM.
	B Left Roadside Departure		06 DRIVE OFF ROAD		07 CONTROL/TRACTION LOSS		08 AVOID COLLISION WITH VEH., PED., ANIM.
	C Forward Impact		11 PARKED VEH.		12 STA. OBJECT		13 PEDESTRIAN/ANIMAL
II Same Trafficway Same Direction	D Rear-End		20 STOPPED 21, 22, 23		22 SLOWER 25, 26, 27		24 DECEL. 28, 30, 31
	E Forward Impact		34 CONTROL/TRACTION LOSS		35 CONTROL/TRACTION LOSS		36 AVOID COLLISION WITH VEH.
	F Sideswipe Angle		44 LATERAL MOVE		45 LATERAL MOVE		46 AVOID COLLISION WITH OBJECT
III Same Trafficway Opposite Direction	G Head-On		50 LATERAL MOVE		51 (EACH • 52) SPECIFICS OTHER		52 (EACH • 53) SPECIFICS UNKNOWN
	H Forward Impact		54 CONTROL/TRACTION LOSS		55 CONTROL/TRACTION LOSS		56 AVOID COLLISION WITH VEH.
	I Sideswipe Angle		64 LATERAL MOVE		65 (EACH • 66) SPECIFICS OTHER		66 (EACH • 67) SPECIFICS UNKNOWN
IV Change Trafficway Vehicle Turning	J Turn Across Path		68 INITIAL OPPOSITE DIRECTIONS		70 INITIAL SAME DIRECTIONS		71 73 72 (EACH • 74) (EACH • 75) SPECIFICS OTHER SPECIFICS UNKNOWN
	K Turn Into Path		77 TURN INTO SAME DIRECTION		78 79 80 81 TURN INTO OPPOSITE DIRECTIONS		82 (EACH • 84) (EACH • 85) SPECIFICS OTHER SPECIFICS UNKNOWN
V Intersecting Paths (Vehicle Damage)	L Straight Paths		87 88 89 90 (EACH • 90) SPECIFICS OTHER		91 92 93 94 95 96 97 98 99 100 (EACH • 91) SPECIFICS UNKNOWN		
	M Backing Err		92 BACKING VEH.		93 OTHER VEH. OR OBJECT		98 Other Accident Type 99 Unknown Accident Type 100 No Impact

OCCUPANT RELATED	
37. Driver Presence in Vehicle (0) Driver not present (1) Driver present (9) Unknown	<u>1</u>
38. Number of Occupants This Vehicle (00-96) Code actual number of occupants for this vehicle (97) 97 or more (99) Unknown	<u>0 1</u>
39. Number of Occupant Forms Submitted	<u>0 1</u>
AIR BAG RELATED	
40. Is this an AOPS Vehicle? (0) No (includes unknown) (1) Yes - researcher determined (2) VIN determined air bag system (3) VIN determined automatic (passive) belts (4) VIN determined air bag and automatic (passive) belts	<u>0</u>
41. Air Bag(s) Deployment, First Seat Frontal (0) Not equipped or not available (1) No air bags deployed <i>Single Air Bag Vehicle</i> (2) Driver air bag deployed (3) Driver air bag, unknown if deployed <i>Multiple Air Bag Vehicle</i> (4) Driver side only deployed (5) Passenger side only deployed (6) Driver and passenger side deployed (7) Driver and passenger side unknown if deployed (8) Air bag(s) deployed, details unknown (9) Unknown	<u>0</u>
42. Air Bag(s) Deployment, Other Than First Seat Frontal (0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown Specify type of "other" air bag present: _____	<u>0</u>
VEHICLE WEIGHT ITEMS	
43. Vehicle Curb Weight <u>7 4 265</u> Code weight to nearest 10 kilograms. (045) Less than 450 kilograms (610) 6,100 kilograms or more (999) Unknown <u>4265</u> lbs X .4536 = <u>1.935</u> kgs	<u>9 9 9 0</u>
Source: _____	
44. Vehicle Cargo Weight Code weight to nearest 10 kilograms. (000) Less than 5 kilograms (450) 4,500 kilograms or more (999) Unknown ____ lbs X .4536 = ____ kgs	<u>9 9 9 0</u>
Source: _____	
ROLLOVER DATA	
45. Rollover (00) No rollover (no overturning) <i>Rollover (primarily about the longitudinal axis)</i> (01-16) Code the number of quarter turns (17) Rollover, 17 or more quarter turns (specify): (98) Rollover--end-over-end (i.e., primarily about the lateral axis) (99) Rollover (overturn), details unknown	<u>0 0</u>
46. Rollover Initiation Type (00) No rollover (01) Trip-over (02) Flip-over (03) Turn-over (04) Climb-over (05) Fall-over (06) Bounce-over (07) Collision with another vehicle (08) Other rollover initiation type (specify): (98) Rollover--end-over-end (99) Unknown rollover initiation type	<u>0 0</u>
47. Location of Rollover Initiation (0) No rollover (1) On roadway (2) On shoulder—paved (3) On shoulder—unpaved (4) On roadside or divided trafficway median (8) Rollover--end-over-end (9) Unknown	<u>0</u>
48. Rollover Initiation Object Contacted (Note: Applicable codes on back of page)	<u>0 0</u>
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied (0) No rollover (1) Wheels/tires (2) Side plane (3) End plane (4) Undercarriage (5) Other location on vehicle (specify): (6) Non-contact rollover forces (specify): (8) Rollover--end-over-end (9) Unknown	<u>0</u>
50. Direction of Initial Roll (0) No rollover (1) Roll right - primarily about the longitudinal axis (2) Roll left - primarily about the longitudinal axis (8) Rollover--end-over-end (9) Unknown roll direction	<u>0</u>

OVERRIDE/UNDERRIDE (THIS VEHICLE)		ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V	
51. Front Override/Underride (this Vehicle)	<u>7</u>	58. Basis for Total (Resultant) Delta V (highest)	<u>04</u>
52. Rear Override/Underride (this Vehicle)	<u>0</u>	(OO) No vehicle inspection	
(0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride		<i>Delta V Calculated</i>	
<i>Override (see specific CDC)</i> <i>(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))</i>		(01) Reconstruction program -damage only routine	
(1) 1st CDC		(02) Reconstruction program -damage and trajectory routine	
(2) 2nd CDC		(03) Missing vehicle algorithm	
(3) Other not automated CDC (specify): <i>Underride (see specific CDC)</i> <i>(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))</i>		<i>Delta V Not Calculated</i>	
(4) 1st CDC		(04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.	
(5) 2nd CDC			
(6) Other not automated CDC (specify): (7) Medium/heavy truck or bus override (of any configuration)		<i>All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.</i>	
(9) Unknown		(05) Rollover	
HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V			
Values: (000)-(359) Code actual value		(06) Other non-horizontal forces	
(997) Noncollision		(07) Sideswipe type damage	
(998) Impact with object		(08) Severe override	
(999) Unknown		(09) Yielding object	
53. Heading Angle For This Vehicle	<u>000</u>	(10) Overlapping damage	
54. Heading Angle For Other Vehicle	<u>090</u>	(11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify): <hr/> <hr/>	
RECONSTRUCTION DATA			
55. Towed Trailing Unit	<u>0</u>	(98) Other, (specify): <hr/> <hr/>	
(0) No towed unit			
(1) Yes—towed trailing unit			
(9) Unknown			
56. Documentation of Trajectory Data for This Vehicle	<u>0</u>		
(0) No			
(1) Yes			
57. Post Collision Condition of Tree or Pole (For Highest Delta V)	<u>0</u>		
(0) Not collision (for highest delta V) with tree or pole			
(1) Not damaged			
(2) Cracked/sheared			
(3) Tilted < 45 degrees			
(4) Tilted ≥ 45 degrees			
(5) Uprooted tree			
(6) Separated pole from base			
(7) Pole replaced			
(8) Other (specify): <hr/>			
(9) Unknown			

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V

999

Highest

 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)

(160) 159.5 kmph and above

(999) Unknown

Highest

60. Longitudinal Component of
Delta V+ 999 Nearest kmph (highest) Nearest kmph (secondary)(NOTE: _000 means greater than
-0.5 kmph and less than +0.5 kmph)(\pm 160) \pm 159.5 kmph and above

(_999) Unknown

Highest

61. Lateral Component of Delta V

- 999 Nearest kmph (highest) Nearest kmph (secondary)(NOTE: _000 means greater than -0.5 kmph
and less than +0.5 kmph)(\pm 160) \pm 159.5 kmph and above

(_999) Unknown

62. Energy Absorption

999.900 Nearest 100 joules (highest) Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)

(9997) 999,650 joules or more

(9999) Unknown

63. Impact Speed

998

Highest

 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)

(160) 159.5 kmph and above

(998) Trajectory algorithm not run

(999) Unknown

DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program
Results (For Highest Delta V)

- (0) No reconstruction
 (1) Collision fits model — results appear reasonable
 (2) Collision fits model — results appear high
 (3) Collision fits model — results appear low
 (4) Borderline reconstruction — results appear reasonable

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed

999

Highest

 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)

(160) 159.5 kmph and above

(999) Unknown

IS MISSING VEHICLE ALGORITHM APPLICABLE FOR THIS VEHICLE? [] YES NO

IF YES: IS A COMPLETED PROGRAM SUMMARY INCLUDED? [] YES [] NO

ESTIMATED DELTA V	VEHICLE INSPECTION
<p>66. Estimated Highest Delta V (Researcher Determined)</p> <p>(0) Reconstruction Delta V coded</p> <p><i>Estimated Delta V</i></p> <p>(1) Less than 10 kmph (2) \geq 10 kmph but < 25 kmph (3) \geq 25 kmph but < 40 kmph (4) \geq 40 kmph but < 55 kmph (5) \geq 55 kmph</p> <p><i>Other estimates of damage severity</i></p> <p>(6) Minor (7) Moderate (8) Severe (9) Unknown</p>	<p>3</p> <p>67. Type of Vehicle Inspection</p> <p>(0) No inspection (1) Vehicle fully repaired-no damage evident (2) Partial inspection (specify): <i>interior not fully inspected due to fire debris</i> (3) Complete inspection</p> <p>2</p>

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67=0), ***

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***

**THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.**



**U.S. Department of Transportation
National Highway Traffic Safety
Administration**

EXTERIOR VEHICLE FORM

BEST AVAILABLE

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>02</u>
2. Case Number - Stratum	<u>9516</u>		

VEHICLE IDENTIFICATION

VIN 2GBHG31M2F4 Model Year 85
Vehicle Make (specify): Chevrolet Vehicle Model (specify): cutaway VAN

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
1	BC - BC	whole front Bumper	8cm (R) of C5

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage		Field L	C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	±D
		Width (CDC)	Max Crush								
1	@ Bumper	165	31	158	0	2	9	19	29	22	0
1	Above Bumper				43	46	38	30			
	FREE SPACE				10	10	10	10			
	Resultant				33	36	28	20			
1	FINAL	165	31	158	17	19	19	19	29	22	0

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>146.</u>	inches x 2.54 =	<u>371</u> cm
Overall Length	> <u>218.6</u>	inches x 2.54 =	> <u>555</u> cm
Maximum Width	<u>92.9</u>	inches x 2.54 =	<u>236</u> cm
<u>Chassis + Cab</u> Curb Weight	<u>≤ 4,265</u>	pounds x 0.4536 =	<u>1,935</u> kg
Average Track	— — — .	inches x 2.54 =	— — — cm
Front Overhang	<u>29.6</u>	inches x 2.54 =	<u>75</u> cm
Rear Overhang	> <u>43.0</u>	inches x 2.54 =	> <u>109</u> cm
Undeformed End Width	<u>73.</u>	inches x 2.54 =	<u>185</u> cm
Engine Size: cyl/displ.	— — — —	cc x 0.001 =	<u>5.7</u> L
V8	— — —	CID x 0.0164 =	— . — L

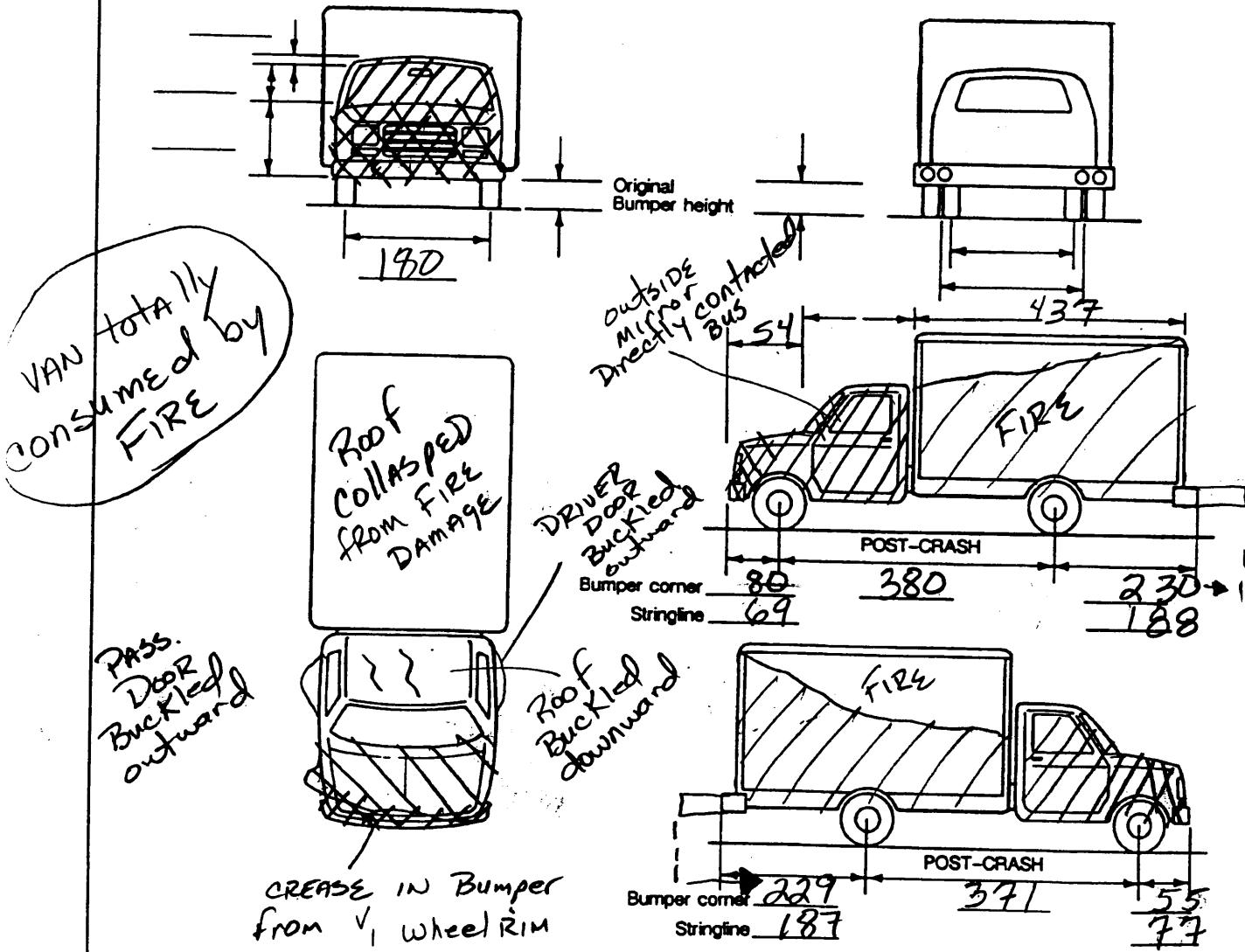
SPECIAL CRASH INVESTIGATION ADDENDUM

Submodel Designation: {specify}	Color: {specify}	Repair Cost: \$
Transmission: {circle} <input checked="" type="checkbox"/> Automatic	Manual	Speed: 3-speed 4-speed 5-speed Other:
Steering: {circle} <input checked="" type="checkbox"/> Power-assisted	Manual	Type: rack-and-pinion worm-and-gear Other (please describe):
Brakes: {circle} <input checked="" type="checkbox"/> Power-assisted	Manual	Type: 4-wheel disc 4-wheel drum 4-wheel hydraulic (front disc, rear drum) Other:
Observed Defects: {specify}		
Fleet Type: {circle} <input checked="" type="checkbox"/> Private vehicle	Rental vehicle Leased vehicle Commercial vehicle Other	(please describe):

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE		ORIGINAL SPECIFICATIONS		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only)	
a. Rotation physically restricted	b. Tire deflated	Wheelbase	370	RF ±	○
RF 9 LF 9 RR 2 LR 2	RF 9 LF 2 RR 2 LR 2	Overall Length	cm	LF ±	○
		Maximum Width	201	RR ±	○
		Curb Weight	kg	LR ±	○
		Average Track	cm	Within ± 5 degrees	
		Front Overhang	75	DRIVE WHEELS	
		Rear Overhang	cm	<input type="checkbox"/> FWD	<input checked="" type="checkbox"/> RWD
		Undeformed End Width	cm	<input type="checkbox"/> 4WD	
		Engine Size: cyl./displ.	5.7 L	Approximate Cargo Weight kg	
TYPE OF TRANSMISSION					
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic					
END SHIFT ≥ 10 CM					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

Vehicle Identification Number and Registration Data

(2) SECOND SECTION — VEHICLE ATTRIBUTES
(B) Model Code - Line, Series, Body (Cont'd)

★ ★ ★ ★ ★ ★ ★ ★ G16	- TG1106/TG11305 4x2 "Rally" "Rally STX" "Sportvan" "Beaverville" Compact Bus
★ ★ ★ ★ ★ ★ ★ ★ G25	- TG21005/TG21305 4x2 "Vendura" "Chevy Van" Compact Van - Also "Gouche" "Nomad"
★ ★ ★ ★ ★ ★ ★ ★ G26	- TG21006/TG22106 4x2 "Rally" "Rally STX" "Sportvan" "Beaverville" Compact Bus
— — — — — ★ ★ ★ ★ G30	- 4x2 "Chevy Van" "Sport Van" "Vendura" "Rally"
★ ★ ★ ★ ★ ★ ★ ★ G31	- TG31303/TG31603 4x2 "Hi Cube" "Magnevan" Compact Step Van
★ ★ ★ ★ ★ ★ ★ ★ G31	- TG31321/TG31832/TG31303 (TG31603 4x2 "Rally Camper Special" "RV Cutaway Van" "Venders Special" Commercial Cutaway Van) Front End Compact Section
★ ★ ★ ★ ★ ★ ★ ★ G35	- TG31305 4x2 "Vendura" "Chevy Van" Compact Van
★ ★ ★ ★ ★ ★ ★ ★ G36	- TG31306 4x2 "Rally" "Rally STX" "Sportvan" "Beaverville" Compact Bus
★ ★ ★ ★ ★ ★ ★ ★ K14	- TK10703/TK10903 4x4 "Wideside" "Fenderside" "Fleetside" "Stepside" Conv. Pickup
★ ★ ★ ★ ★ ★ — — — K16	- TK10906 4x4 "Suburban" Conventional Wagon
★ ★ ★ ★ ★ ★ — — — K18	- TK10516 4x4 "Jimmy" "Blazer" Conventional Utility
★ ★ ★ ★ ★ ★ — — — K24	- TK20903 4x4 Conv. Chs & Cab
★ ★ ★ ★ ★ ★ — ★ ★ K24	- TK20903 4x4 "Wideside" "Fenderside" "Fleetside" "Stepside" Conv. Pickup
★ ★ ★ ★ ★ ★ — — — K26	- TK20906 4x4 "Suburban" Conventional Wagon
★ ★ ★ ★ ★ ★ — — — K33	- TK30903 4x4 Conv. Crew Cab & Chs
★ ★ ★ ★ ★ ★ — — — K33	- TK30903 4x4 "Wideside" "Fleetside" Conv. Crew Cab Pickup
★ ★ ★ ★ ★ ★ — ★ ★ K34	- TK30903/(TK31003/TK31403 4x4 Conv. Chs & Cab - Also Bonus Cab
★ ★ ★ ★ ★ ★ — ★ ★ K34	- TK30903 4x4 "Wideside" "Fleetside" Conv. Pickup Also Bonus Cab
★ ★ — — — — — — L14	- CL10503 4x2 "Luv" Import Mini-Pickup
★ ★ — — — — — — L14	- CL10503 4x2 "Luv" Import Chs & Cab
— — — ★ ★ ★ ★ ★ M15	- TM10905 Mini-Van "Astro", "Safari" (Cargo)
— — — ★ ★ ★ ★ ★ M15	- TM10906 Mini-Van "Astro", "Safari" (Passenger)
★ ★ ★ ★ ★ ★ ★ ★ P22	- TP20842/TP21042 4x2 "Forward Control" Stripped Chassis
★ ★ ★ ★ ★ ★ ★ ★ P22	- TP20842/TP21042 4x2 "Value Van" Steel or Alum. Step Van
★ ★ ★ ★ ★ ★ ★ ★ P32	- TP30842/TP31042/TP31442 4x2 "Forward Control" Stripped Chassis
★ ★ ★ ★ ★ ★ ★ ★ P32	- TP30842/TP31042/TP31442 4x2 "Value Van" Steel or Alum. Step Van
★ ★ ★ ★ ★ ★ ★ ★ P37	- TP30832/TP31132/TP31432/TP31832 4x2 Motor Home Stripped Chassis
★ ★ — — — — — — R14	- RL10503 4x4 "Luv" Import Mini-Pickup
— — — — — ★ — — R14	- 4x2 "Wideside" "Fenderside" "Fleetside" "Stepside" Conv. Pickup
— — — — — ★ — — R16	- 4x2 "Suburban" Conventional Wagon
— — — — — ★ — — R24	- 4x2 "Wideside" "Fenderside" "Fleetside" "Stepside" Conv. Pickup
— — — — — ★ — — R24	- 4x2 Conv. Wideside Bonus Cab-also Crew Cab
— — — — — ★ — — R26	- 4x2 "Suburban" Conventional Wagon
— — — — — ★ — — R33	- 4x2 Conv. Crew Cab & Chs. & Bonus Cab & Chs

Vehicle Identification Number and Registration Data

(3) SECOND SECTION - VEHICLE ATTRIBUTES

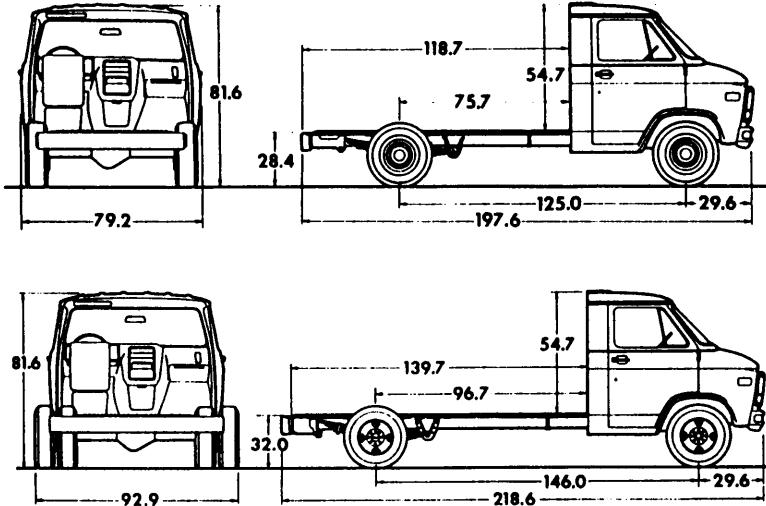
(B) Model Code - Line, Series, Body (Cont'd.)									
- - - - -	★	★	★	★	★	R34	- 4x2 "Wideside" "Fenderside" "Fleetside"		
- - - - -	★	★	★	★	★	'R34	- "Stepside" Conv. Pickup - Also Bonus Cab		
- ★ ★ ★ ★	★	★	★	★	★	\$14	- 4x2 Conv. Chs & Cab - also Bonus Cab		
- ★ ★ ★ ★	★	★	★	★	★	S14	- T\$10603/T\$10603 "S10", "S15" 4x2 Chs & Cab		
- - - - -	★	★	★	★	★	S18	- T\$10603/T\$10603 "S10 Fleetside", "S15 Wideside" 4x2 Compact Pickup		
- - - - -	★	★	★	★	★	T14	- TS10518 "S10", "S15" 4x2 "Blazer", "Jimmy" Compact Utility		
- - - - -	★	★	★	★	★	T14	- TT10603/TT10603 "S10", "S15" 4x4 Chs & Cab		
- - - - -	★	★	★	★	★	T14	- TT10603/TT10603 "S10", "S15" 4x4 Wideside Compact Pickup		
- - - - -	★	★	★	★	★	T18	- TT10518 "S10", "S15" 4x4 "Blazer", "Jimmy" Compact Utility		
- - - - -	★	★	★	★	★	U06	- 1UM06 Lumina APV		
- - - - -	★	★	★	★	★	V14	- 4x4 "Wideside" "Fenderside" "Fleetside" "Stepside" Conv. Pickup		
- - - - -	★	★	★	★	★	V18	- 4x4 "Suburban" Conventional Wagon		
- - - - -	★	★	★	★	★	V18	- 4x4 "Jimmy" "Blazer" Conventional Utility		
- - - - -	★	★	★	★	★	V24	- 4x4 "Wideside" "Fenderside" "Fleetside" "Stepside" Conv. Pickup		
- - - - -	★	★	★	★	★	V28	- 4x4 "Suburban" Conventional Wagon		
- - - - -	★	★	★	★	★	V33	- 4x4 Conv. Crew Cab & Chs.		
- - - - -	★	★	★	★	★	V34	- 4x4 "Wideside" "Fenderside" "Fleetside" "Stepside" Conv. Pickup - Also Bonus Cab		
- - - - -	★	★	★	★	★	'V34	- 4x4 Conv. Chs & Cab - Also Bonus Cab		
★ ★ ★ ★	★	★	★	★	★	W90	- 1GW80 4x2 "Caballero" "El Camino" Sedan Station		

Medium & Heavy Duty Trucks
**(The 1st digit of this position is a number for all Medium
and Heavy Duty Trucks)**

VN-21

1001

CHEVROLET CUTAWAY VAN
GVW Ratings: 7,400-10,500 Lbs.



CHEVROLET

ENGINE: Standard: Chevrolet 5.7L 350-4 V8, 160 NHP @ 3800 RPM.
Calif. engines: Chevrolet 5.7L 350-4 V8, 155 NHP @ 4000 RPM.

MODELS AVAILABLE: 125" or 146" wb. Commercial Cutaway.
125" or 146" wb. RV Cutaway.
125" wb. School bus opt. w/Commercial Cutaway

CHEVROLET CUTAWAY VAN

GVW						
RATING	WB.	MINIMUM EQUIPMENT REQUIRED FOR GVW RATING				
Commercial Cutaway:						
7,400	125	Standard - Commercial Cutaway (N/A in Calif.)				
8,600	125	Commercial Cutaway; HD Chassis group, incl. - 1,950 lb. fr. springs, front stabilizer bar, 515 CCA battery, 66 amp. alt.; req. 8.75-16.5/E tires.				
8,900	125	Commercial Cutaway; HD Chassis group w/Dual rear wheels, incl. - Hyd. Power assit. brakes, 3,400 fr. & 6,000 r. springs, 6,200 lb. r. axle, chassis provisions, front stabilizer bar, 515 CCA battery, 66 amp. alt.; N/A w/8.75-16.5D/E tires.				
10,000	125	Comm. Cutaway; 7500 lb. r. axle; Dual Rear wheel Provisions; School Bus chassis equip., incl.- 1950 lb. fr. springs; HD shocks; 8.00-16.5D tires.				
8,900	146	Standard - Commercial Cutaway.				
10,000	146	Commercial Cutaway; 7,500 lb. rear axle.				
10,500	146	Standard - Comm. Cutaway w/C7C HD chassis pkg.; C7C pkg. includes 7,500 lb. r. axle, 4.56 ratio, 8.00-16.5D 8pr tires w/Dual wheel provisions.				

RV Cutaway:

8,600	125	Standard - RV Cutaway.
8,900	125	RV Cutaway; Dual Rear wheel Provisions.
10,500	146	Standard - RV Cutaway.

CURB WEIGHTS & DIMENSIONS: (Standard equipment)

Model	Model #	Front	Rear	Total	WB	OL	OH
Commercial Cutaway	G31303	2,386	1,345	3,731	125	197.6	81.6
RV Cutaway	G31332	2,402	1,503	3,905	125	197.6	81.6
Commercial Cutaway	G31603	2,582	1,589	4,171	146	218.6	81.6
Comm. Cut. w/C7C	G31603	2,609	1,656	4,265	146	218.6	81.6
RV Cutaway	G31632	2,588	1,731	4,319	146	218.6	81.6
Ground clearance, front 9.0", rear 7.0"							

CHEVROLET CUTAWAY VAN

MODEL	Comm. Cutaway	Comm. Cutaway	RV Cutaway	RV Cutaway
MODEL #	G31303	G31603	G31332	G31632
Wheelbase	125"	146"	125"	146"
Front Axle, cap.	3,900 lbs.	3,900 lbs.	3,900 lbs.	3,900 lbs.
Rear Axle, cap.	5,700 lbs.	6200 lbs. (7500**)	5,700 lbs.	7,500 lbs.
Standard ratio	3.23	4.10	4.10	4.56
Optional ratios	(3.73,4.10,4.56)	(4.56**)	(3.73 Calif, 4.56) (3.73 Calif., 4.10)	
Service Brakes	Hydraulic, self-adjusting			
Front	12.5 x 1.28" disc	12.5 x 1.54" disc	12.5 x 1.28" disc	12.5 x 1.54" disc
Rear	13 x 2.5 drum	13 x 3.5 drum	13 x 2.5 drum	13 x 3.5 drum
Booster	Dual Diaphragm.	Hydro-Boost	Dual Diaphragm	Hydro-Boost
Parking Brakes	Cable to rear wheels			
Cooling System	4.3 gallon capacity; 479 sq. in. frontal area radiator			
Drive Line	Tubular shafts, needle bearing universal joints			
Battery	390 CCA	515 CCA	515 CCA	515 CCA
Alternator	37 amp.	66 amp.	66 amp.	66 amp.
Frame	Integral body frame			
Fuel Tank	22 gallon (33)	33 gallon	22 gallon (33)	33 gallon
Steering	Integral Power steering gear, 14.0:1 ratio			
Front Springs, Std.	1,700 lb coil ea. (1,950 lb coil)	1,950 lb coil ea.	1,950 lb coil ea.	1,950 lb coil ea.
Optional Front	-----	-----	-----	-----
Rear Springs, cap.	3,000 lb leaf ea.	3,600 lb leaf ea.	3,000 lb leaf ea.	3,600 lb leaf ea.
Shock Absbrbs fr&r	25mm dia.	35mm dia.	25mm dia.	35mm dia.
Transmission, Std.	-3-sp. Automatic ratios 2.48, 1.48, 1.00, reverse 2.10			
Tires, Std.	8.75-16.5D 8pr	8.00-16.5C 6pr*	8.75-16.5E 10 pr	8.00-16.5D 8pr*
	8.00-16.5D 8pr**			
Wheels	16.5 x 6.75" disc	16.5 x 6.0" disc	16.5 x 6.75" disc	16.5 x 6.0" disc
*Dual Rear Tires	**Standard w/G31603 Commercial Cutaway w/C7C HD chassis pkg.			
(-) - Optional				

CHEVROLET

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>0 1</u>	5. <u>0 1</u>	6. <u>1 2</u>	7. <u>F</u>	8. <u>D</u>	9. <u>E</u>	10. <u>W</u>	11. <u>0 3</u>

Second Highest Delta "V"

12. 0 3 13. 0 1 14. 0 9 15. L 16. P 17. G 18. N 19. 0 1

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	22. <u>±D</u>
<u>185</u>	<u>017</u>	<u>019</u>	<u>019</u>	<u>019</u>	<u>029</u>	<u>022</u>	<u>+ 000</u>

Second Highest Delta "V"

23. <u>L</u>	24. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	25. <u>±D</u>
-----	-----	-----	-----	-----	-----	-----	<u>+ -</u>

26. Undeformed End Width (Coded when highest severity impact is an end plane impact.) Code to the nearest centimeter (250) 250 centimeters or more (998) No highest severity end plane impact (999) Unknown	<u>185</u>	28. Original Wheelbase Code to the nearest centimeter (650) 650 centimeters or more (999) Unknown <u>146</u> inches X 2.54 = <u>371</u> centimeters
27. Direct Damage Width (For highest severity impact) Code to the nearest centimeter (250) 250 centimeters or more (999) Unknown	<u>165</u>	29. Original Average Track Width Code to the nearest centimeter (185) 185 centimeters or more (999) Unknown ----- . inches X 2.54 = ----- centimeters

FUEL SYSTEM			
<p>30. Are CDCs Documented but Not Coded on The Automated File?</p> <p>(0) No (1) Yes</p> <p>31. Researcher's Assessment of Vehicle Disposition</p> <p>(0) Not towed due to vehicle damage (1) Towed due to vehicle damage (9) Unknown</p> <p>32. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle?</p> <p>(0) No post manufacturer modifications (1) Yes - post manufacturer modifications (specify): <u>BURNED up</u> <small>(Include photograph of CERTIFICATION PLACARD in case report)</small></p>	<p>0</p> <p>1</p> <p>1</p>	<p>35. Location of Fuel Tank-1 Filler Cap <u>2</u></p> <p>36. Location of Fuel Tank-2 Filler Cap <u>0</u></p> <p>(0) No fuel tank (1) On back plane (2) Aft of center of the rear wheels (rear axle) on left side plane (3) Aft of center of the rear wheels (rear axle) on right side plane (4) Forward of center of the rear wheels (rear axle) on left side plane (5) Forward of center of the rear wheels (rear axle) on right side plane (6) Over the center of the rear wheels (rear axle) on left side plane (7) Over the center of the rear wheels (rear axle) on right side plane (8) Other (specify): _____ (9) Unknown</p> <p>37. Type of Fuel Tank-1 <u>1</u></p> <p>38. Type of Fuel Tank-2 <u>0</u></p> <p>(0) No fuel tank (electrical vehicle) (1) Metallic (2) Non-metallic (9) Unknown</p> <p>39. Location of Fuel Tank-1 <u>0</u></p> <p>40. Location of Fuel Tank-2 <u>0</u></p> <p>(0) No fuel tank (1) Aft of center of the rear wheels (rear axle) centered (2) Aft of center of the rear wheels (rear axle) left side (3) Aft of center of the rear wheels (rear axle) right side (4) Forward of center of the rear wheels (rear axle) centered (5) Forward of center of the rear wheels (rear axle) left side (6) Forward of center of the rear wheels (rear axle) right side (7) Over center of the rear wheels (rear axle) (8) Other (specify): _____ (9) Unknown</p> <p>41. Damage to Fuel Tank-1 <u>1</u></p> <p>42. Damage to Fuel Tank-2 <u>0</u></p> <p>(0) No fuel tank (1) No damage to fuel tank (2) Deformed, no seam failure (3) Deformed, with a seam failure (4) Punctured (5) Lacerated (ripped) (6) Abraded (scraped) (7) Filler neck separation from the fuel tank (8) Other damage (specify): _____ (9) Unknown</p>	
FIRE OCCURRENCE			
<p>33. Fire Occurrence <u>2</u></p> <p>(0) No fire</p> <p>Yes, fire occurred</p> <p>(1) Minor (2) Major (9) Unknown</p> <p>34. Origin of Fire <u>4</u></p> <p>(0) No fire (1) Vehicle exterior (front, side, back, top) (2) Exhaust system (3) Fuel tank (and other fuel retention system parts) (4) Engine compartment (5) Cargo/trunk compartment (6) Instrument panel (7) Passenger compartment area (8) Other location (specify): _____ (9) Unknown</p>			

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***

(GV10 = 0)

DO NOT COMPLETE THE INTERIOR VEHICLE FORM.

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

95 16

3. Vehicle Number

02

INTEGRITY

4. Passenger Compartment Integrity

12

(00) No integrity loss

Yes, Integrity Was Lost Through

- (01) Windshield
- (02) Door (side)
- (03) Door/hatch (back door)
- (04) Roof
- (05) Roof glass
- (06) Side window
- (07) Rear window (backlight)
- (08) Roof and roof glass
- (09) Windshield and door (side)
- (10) Windshield and roof
- (11) Side and rear window (side window and backlight)
- (12) Windshield and side window (All)
- (13) Door and side window
- (98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 3 6. RF 3 7. LR 0 8. RR 0 9. TG/H 0

- (0) No door/gate/hatch
 - (1) Door/gate/hatch remained closed and operational
 - (2) Door/gate/hatch came open during collision
 - (3) Door/gate/hatch jammed shut
 - (8) Other (specify):
- (9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

- (0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

- (1) Door operational (no damage)
- (2) Latch/striker failure due to damage
- (3) Hinge failure due to damage
- (4) Door structure failure due to damage
- (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
- (6) Latch/striker and hinge failure due to damage
- (8) Other failure (specify):

(9) Unknown

GLAZING

Type of Window/Windshield Glazing

15. WS 9 16. LF 9 17. RF 9 18. LR 0 19. RR 0

20. BL 0 21. Roof 0 22. Other 0

- (0) No glazing
 - (1) AS-1 — Laminated
 - (2) AS-2 — Tempered
 - (3) AS-3 — Tempered-tinted (original)
 - (4) AS-2 — Tempered-with after market tint
 - (5) AS-3 — Tempered-tinted (with additional after market tint)
 - (6) AS-14 — Glass/Plastic
 - (7) Glazing removed prior to accident
 - (8) Other (specify):
- (9) Unknown

Window Precrash Glazing Status

23. WS 1 24. LF 2 25. RF 4 26. LR 0 27. RR 0

28. BL 0 29. Roof 0 30. Other 0

- (0) No glazing
- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (7) Glazing removed prior to accident
- (9) Unknown

Glazing Damage from Impact Forces

31. WS 9 32. LF 9 33. RF 9 34. LR 0 35. RR 0

36. BL 0 37. Roof 0 38. Other 0

- (0) No glazing
- (1) No glazing damage from impact forces
- (2) Glazing in place and cracked from impact forces
- (3) Glazing in place and holed from impact forces
- (4) Glazing out-of-place (cracked or not) and not holed from impact forces
- (5) Glazing out-of-place and holed from impact forces
- (6) Glazing disintegrated from impact forces
- (7) Glazing removed prior to accident
- (9) Unknown if damaged

Glazing Damage from Occupant Contact

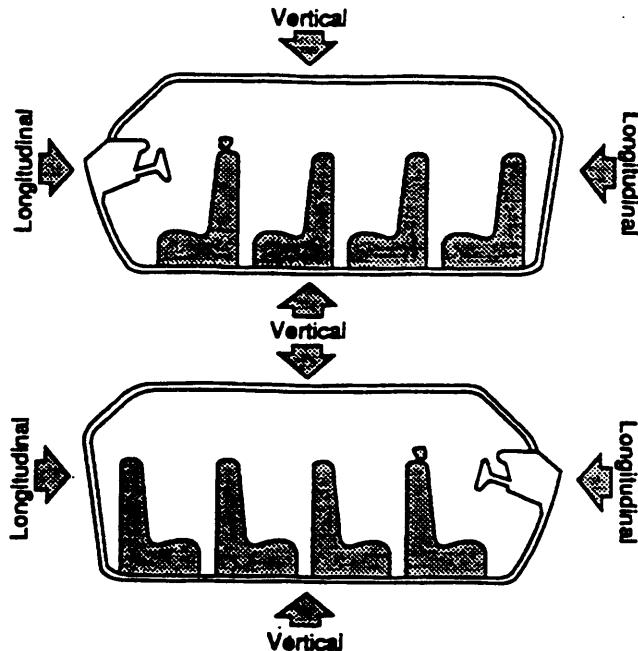
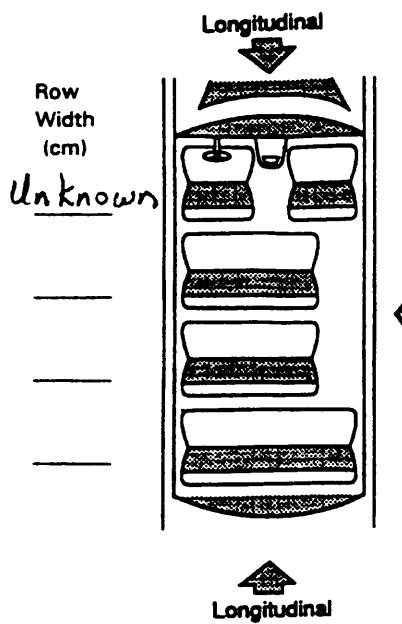
39. WS 9 40. LF 9 41. RF 9 42. LR 0 43. RR 0

44. BL 0 45. Roof 0 46. Other 0

- (0) No glazing
- (1) No occupant contact to glazing
- (2) Glazing contacted by occupant but no glazing damage
- (3) Glazing in place and cracked by occupant contact
- (4) Glazing in place and holed by occupant contact
- (5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
- (6) Glazing out-of-place by occupant contact and holed by occupant contact
- (7) Glazing removed prior to accident
- (8) Glazing disintegrated by occupant contact
- (9) Unknown if contacted by occupant

INTRUSION WORKSHEET

Note: Sketch intruded areas



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)			INTRUSION	DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	-	INTRUDED VALUE	=	
		-		-	=	
		Could not be measured due to fire damage and debris	-	-	=	
		-		-	=	
		-		-	=	
		-		-	=	
		-		-	=	
		-		-	=	
		-		-	=	
		-		-	=	
		-		-	=	
		-		-	=	
		-		-	=	

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. 9 9	48. 9 9	49. 9	50. 99
2nd	51. _____	52. _____	53. _____	54. _____
3rd	55. _____	56. _____	57. _____	58. _____
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

LOCATION OF INTRUSION

Front Seat	Fourth Seat
(11) Left	(41) Left
(12) Middle	(42) Middle
(13) Right	(43) Right
Second Seat	(97) Catastrophic
(21) Left	(98) Other enclosed area (specify)
(22) Middle	
(23) Right	
Third Seat	(99) Unknown
(31) Left	
(32) Middle	
(33) Right	

INTRUDING COMPONENT*Interior Components*

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Side panel - forward of the A1/A2-pillar
- (11) Door panel (side)
- (12) Side panel - rear of the B-pillar
- (13) Roof (or convertible top)
- (14) Roof side rail
- (15) Windshield
- (16) Windshield header
- (17) Window frame
- (18) Floor pan (includes sill)
- (19) Backlight header
- (20) Front seat back
- (21) Second seat back
- (22) Third seat back
- (23) Fourth seat back
- (24) Fifth seat back
- (25) Seat cushion
- (26) Back door/panel (e.g., tailgate)
- (27) Other interior component (specify): _____

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE	-	DAMAGE VALUE	=	DEFORMATION
------------------	---	--------------	---	-------------

-			=	
---	--	--	---	--

-			=	
---	--	--	---	--

-			=	
---	--	--	---	--

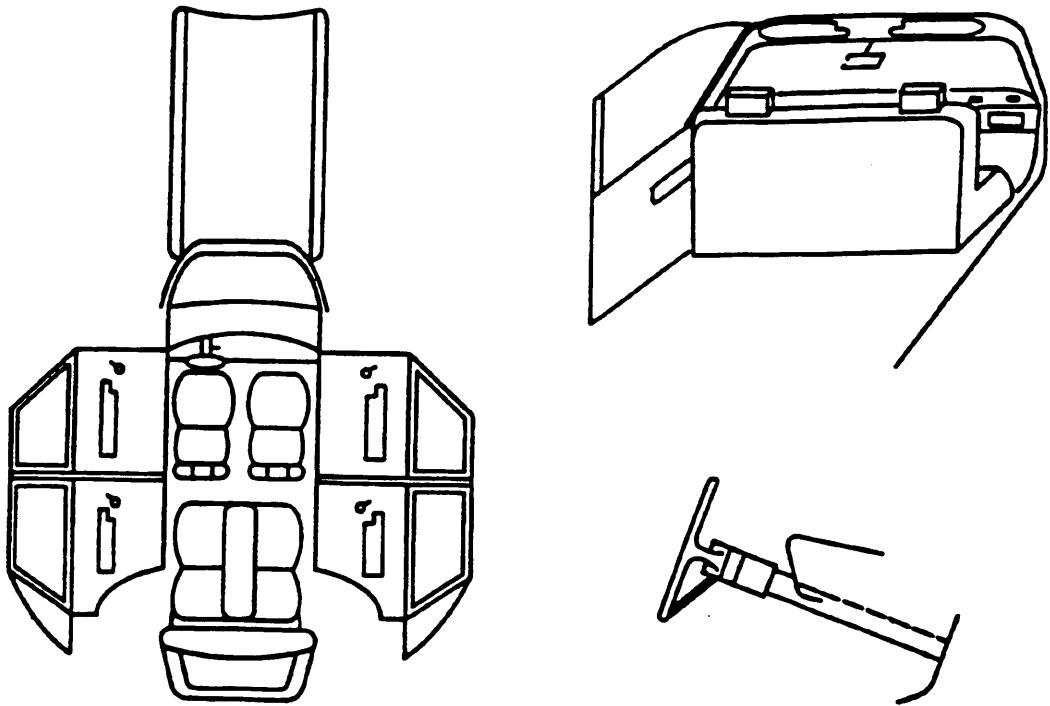
-			=	
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None Visible

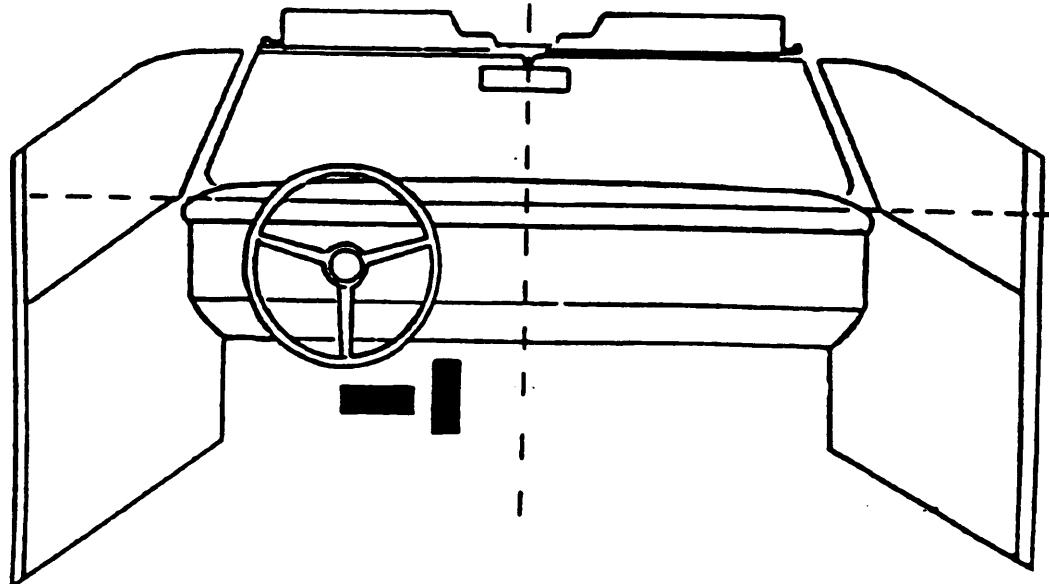
STEERING COLUMN		INSTRUMENT PANEL	
87. Steering Column Type (1) Fixed column (2) Tilt column (3) Telescoping column (4) Tilt and telescoping column (8) Other column type (specify): (9) Unknown	9	92. Odometer Reading _____ kilometers Code to the nearest 1,000 kilometers (000) No odometer (001) Less than 1,500 kilometers (500) 499,500 kilometers or more (999) Unknown <i>Instrument panel destroyed</i> _____ miles X 1.6093 = _____ kilometers	999.000
88. Tilt Steering Column Adjustment (0) No tilt steering column (1) Full up (2) Between full up and center (3) Center (4) Between center and full down (5) Full down (9) Unknown	9	Source: _____	
89. Telescoping Steering Column Adjustment (0) No telescoping steering column (1) Full back (2) Between full back and midpoint (3) Midpoint (4) Between midpoint and full forward (5) Full forward (9) Unknown	9	93. Instrument Panel Damage from Occupant Contact? (0) No (1) Yes (9) Unknown	9
90. Steering Rim/Spoke Deformation _____ Code actual measured deformation to the nearest centimeter (00) No steering rim deformation (01-14) Actual measured value in centimeters (15) 15 centimeters or more (98) Observed deformation cannot be measured (99) Unknown	99	94. Type of Knee Bolster Covering (0) No knee bolster (1) Padded (2) Rigid plastic (8) Other (specify): _____ (9) Unknown	0
91. Location of Steering Rim/Spoke Deformation (00) No steering rim deformation	99	95. Knee Bolsters Deformed from Occupant Contact? (0) No knee bolster (1) No deformation (2) Yes - deformation (9) Unknown	0
Quarter Sections (01) Section A (02) Section B (03) Section C (04) Section D		96. Did Glove Compartment Door Open During Collision(s)? (0) No glove compartment door (1) No - door did not open (2) Yes - door opened (9) Unknown	9
Half Sections (05) Upper half of rim/spoke (06) Lower half of rim/spoke (07) Left half of rim/spoke (08) Right half of rim/spoke		97. Adaptive (Assistive) Driving Equipment (0) No adaptive driving equipment (1) Adaptive driving equipment installed (Check all that apply.) <input type="checkbox"/> Hand controls for braking/acceleration <input type="checkbox"/> Steering control devices (attached to OEM steering wheel) <input type="checkbox"/> Steering knob attached to steering wheel <input type="checkbox"/> Low effort power steering (unit or device) <input type="checkbox"/> Replacement steering wheel (i.e., reduced diameter) <input type="checkbox"/> Joy-stick steering controls <input type="checkbox"/> Wheelchair tie-downs <input type="checkbox"/> Modification to seat belts (specify): _____ <input type="checkbox"/> Additional or relocated switches (specify): _____ <input type="checkbox"/> Raised roof <input type="checkbox"/> Wall-mounted head rest (used behind wheelchair) <input type="checkbox"/> Other adaptive device (specify): _____ (9) Unknown	0
(09) Complete steering wheel collapse (10) Undetermined location (99) Unknown			

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Not accessible: Unknown



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT		CODES FOR INTERIOR COMPONENTS		REAR	
(001) Windshield	LEFT SIDE	INTERIOR	(301) Backlight (rear window)		
(002) Mirror	(051) Left side interior surface, excluding hardware or armrests	(151) Seat, back support	(302) Backlight storage rack, door, etc.		
(003) Sunvisor	(052) Left side hardware or armrest	(152) Belt restraint webbing/buckle	(303) Other rear object (specify): _____		
(004) Steering wheel rim	(053) Left A (A1/A2)-pillar	(153) Belt restraint B-pillar or door frame attachment point			
(005) Steering wheel hub/spoke	(054) Left B-pillar	(154) Other restraint system component (specify): _____			
(006) Steering wheel (combination of codes 004 and 005)	(055) Other left pillar (specify): _____	(155) Head restraint system			
(007) Steering column/transmission selector lever, other attachment	(056) Left side window glass	(160) Other occupants (specify): _____			
(008) Cellular telephone or CB radio	(057) Left side window frame	(161) Interior loose objects			
(009) Add on equipment(e.g., tape deck, air conditioner)	(058) Left side window sill	(162) Child safety seat (specify): _____			
(010) Left instrument panel and below	(059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.	(163) Other interior object (specify): _____			
(011) Center instrument panel and below	(060) Other left side object (specify): _____				
(012) Right instrument panel and below		AIR BAG			
(013) Glove compartment door		(170) Air bag-driver side			
(014) Knee bolster		(175) Air bag compartment cover-driver side			
(015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)		(180) Air bag-passenger side			
(016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)		(185) Air bag compartment cover-passenger side			
(017) Windshield reinforced by exterior object. (specify):		(190) Other air bag (specify): _____			
(019) Other front object (specify):		(195) Other air bag compartment cover (specify): _____			
		ROOF			
		(201) Front header			
		(202) Rear header			
		(203) Roof left side rail			
		(204) Roof right side rail			
		(205) Roof or convertible top			
		FLOOR			
		(251) Floor (including toe pan)			
		(252) Floor or console mounted transmission lever, including console			
		(253) Parking brake handle			
		(254) Foot controls including parking brake			
		CONFIDENCE LEVEL OF CONTACT POINT			
		(1) Certain			
		(2) Probable			
		(3) Possible			
		(9) Unknown			

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
F I R S T	Availability	7		6
	Evidence of usage	99		99
	Used in this crash?	99		99
	Proper Use	9		9
	Failure Modes	9		9
	Anchorage Adjustment	1		1
S E C O N D	Availability			
	Evidence of usage			
	Used in this crash?			
	Proper Use			
	Failure Modes			
	Anchorage Adjustment			
O T H E R	Availability			
	Evidence of usage			
	Used in this crash?			
	Proper Use			
	Failure Modes			
	Anchorage Adjustment			

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____

(9) Unknown

Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of manual belt system (specify): _____

Shoulder Belt Upper Anchorage Adjustment

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____

Manual (Active) Belt Failure Modes During Accident

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify): _____
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Left Front	Right Front	Other
F	Availability/Function	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
I	Deployment	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
R	Failure	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

- Non-functional/**
- (2) Air bag disconnected (specify): _____
- (3) Air bag not reinstalled
- (9) Unknown

Are There Indications of Air Bag System Failure? (This Occupant Position)

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____
- (9) Unknown

Frontal Air Bag System Deployment (This Occupant Position)

- (0) Not equipped/not available
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, accident sequence undetermined
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position)

- (0) Not equipped with an "other" air bag
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

AUTOMATIC BELTS

		Left	Right
F	Availability/Function	<input checked="" type="radio"/>	<input checked="" type="radio"/>
I	Use	<input checked="" type="radio"/>	<input checked="" type="radio"/>
R	Type	<input checked="" type="radio"/>	<input checked="" type="radio"/>
S	Proper Use	<input checked="" type="radio"/>	<input checked="" type="radio"/>
T	Failure Modes	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

- Non-functional/**
- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)
- (3) Automatic belt use unknown
- (9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of automatic belt system
(specify): _____
- (9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

FIRST SEAT FRONTAL AIR BAGS

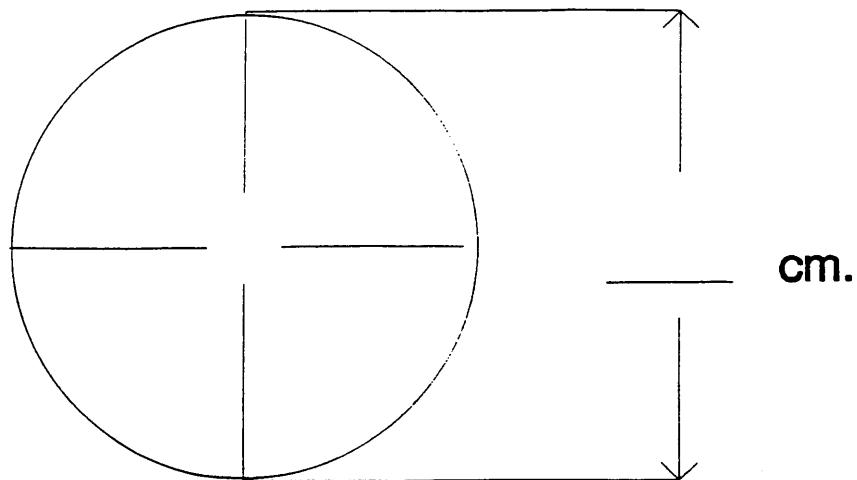
NOTES: Encode the applicable data *for the driver and first seat passenger* in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

	Driver	Passenger
Type of air bag?	<input type="radio"/>	<input type="radio"/>
Flaps open at tear points?	<input type="radio"/>	<input type="radio"/>
Flaps damaged?	<input type="radio"/>	<input type="radio"/>
Air bag damaged?	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
Source of air bag damage	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
Air bag tethered?	<input type="radio"/>	<input type="radio"/>
Air bag have vent ports?	<input type="radio"/>	<input type="radio"/>
Other occupant contact air bag?	<input type="radio"/>	<input type="radio"/>
Occupant wearing eyewear?	<input type="radio"/>	<input type="radio"/>

Type of Air Bag (0) Not equipped/not available (1) Original manufacturer installed system (2) Retrofitted air bag (3) Replacement air bag (8) Unknown type of air bag (9) Unknown	Was There Damage To The Air Bag? (00) Not equipped/not available (01) Not damaged Yes - Air Bag Damage (02) Ruptured (03) Cut (04) Torn (05) Holed (06) Burned (07) Abraded (88) Other damage (specify): (95) Damaged, details unknown (96) Deployed, unknown if damaged (97) Not deployed (98) Unknown if deployed (99) Unknown	Was The Air Bag Tethered? (0) Not equipped/not available (1) No (2) Yes (specify number of tether straps): (3) Deployed, unknown if tethered (7) Not deployed (8) Unknown if deployed (9) Unknown
Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? (0) Not equipped/not available (1) No (2) Yes (3) Deployed, unknown if flap(s) opened at designated tear points (7) Not deployed (8) Unknown if deployed (9) Unknown	Did The Air Bag Have Vent Ports? (0) Not equipped/not available (1) No (2) Yes (specify number of vent ports): (3) Deployed, unknown if vent ports present (7) Not deployed (8) Unknown if deployed (9) Unknown	
Were Air Bag Module Cover Flap(s) Damaged? (0) Not equipped/not available (1) No (2) Yes (specify): (3) Deployed, unknown if air bag module cover flap(s) damaged (7) Not deployed (8) Unknown if deployed (9) Unknown	Source of Air Bag Damage (00) Not equipped/not available (01) Not damaged (02) Object worn by occupant, (specify): (03) Object carried by occupant, (specify): (04) Adaptive/assistive controls, (specify): (05) Fire in vehicle (06) Thermal burns (07) Rescue or emergency efforts (88) Other damage source (specify): (95) Damaged, unknown source (96) Deployed, unknown if damaged (97) Not deployed (98) Unknown if deployed (99) Unknown	Was the Air Bag in this Occupant's Position Contacted by Another Occupant? (0) Not equipped/not available (1) No (2) Yes (specify): (3) Deployed, unknown if other occupant contact to air bag (7) Not deployed (8) Unknown if deployed (9) Unknown
		Was This Occupant Wearing Eye-wear? (0) Not equipped/not available (1) No (2) Eyeglasses/sunglasses (3) Contact lenses (4) Deployed, unknown if eyewear worn (7) Not deployed (8) Unknown if deployed (9) Unknown

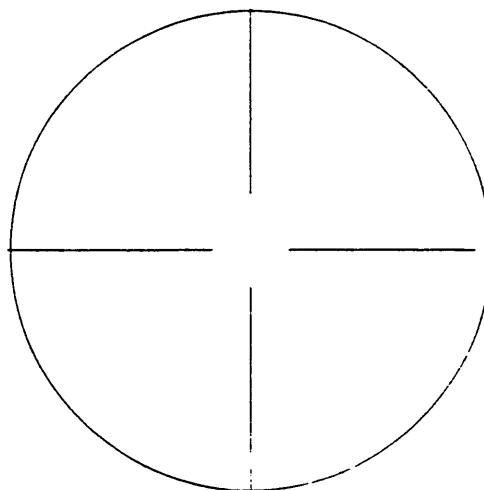
DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)



Not Applicable!

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)



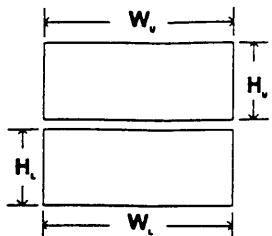
DRIVER AIR BAG SKETCHES (Cont'd)

**3. DRIVER AIR BAG MODULE COVER FLAP SIZE
(DOUBLE)**

a. Upper Flap b. Lower Flap

width (W_u) _____ width (W_l) _____

height (H_u) _____ height (H_l) _____

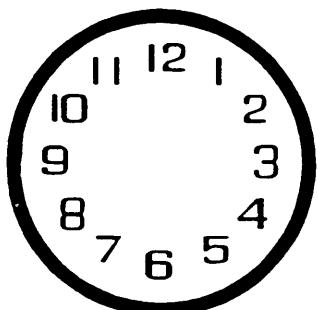


**4. SKETCH OF OTHER TYPE OF AIR BAG MODULE
FLAP AND SIZE**

**5. SKETCH OF OTHER TYPE OF AIR BAG VENT
PORTS**

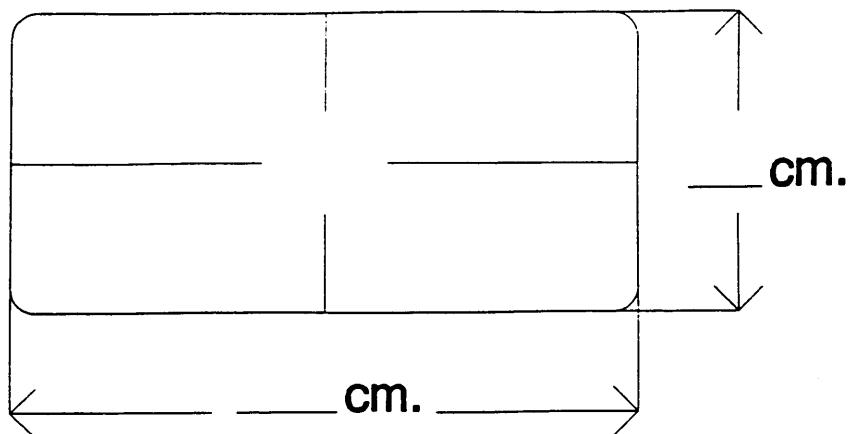
N / A

**6. SKETCH LOCATION OF CIRCULAR AIR BAG VENT
PORTS**



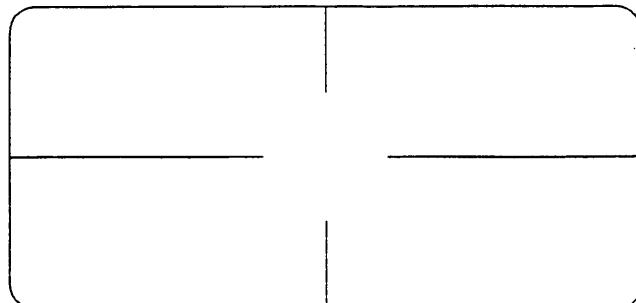
PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)



Not Applicable!

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)



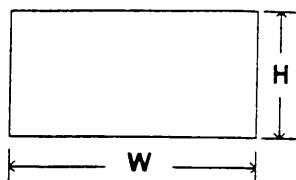
PASSENGER AIR BAG SKETCHES (Cont'd)

**3. PASSENGER AIR BAG MODULE COVER FLAP SIZE
(SINGLE)**

a. Flap

width (W) _____

height (H) _____

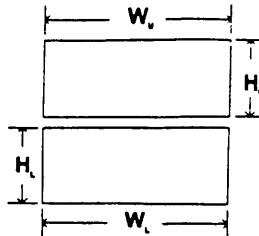


**4. PASSENGER AIR BAG MODULE COVER FLAP SIZE
(DOUBLE)**

a. Upper Flap

width (W_u) _____ width (W_l) _____

height (H_u) _____ height (H_l) _____

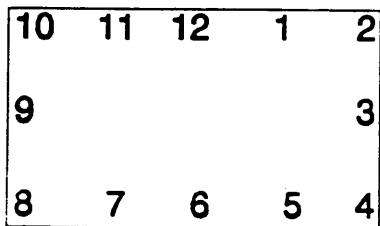


**5. SKETCH OF OTHER TYPE OF AIR BAG MODULE
FLAP AND SIZE**

**6. SKETCH OF OTHER TYPE OF AIR BAG VENT
PORTS**

N/A

**7. SKETCH LOCATION OF RECTANGULAR AIR BAG
VENT PORTS**



"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

Not Applicable!

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

"OTHER" AIR BAG SKETCHES (Cont'd)

3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG

N/A

4. SKETCH AIR BAG VENT PORTS

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F I R S T	Head Restraint Type/Damage	1		1
	Seat Type	01		01
	Seat Performance	1		9
	Seat Orientation	1		1
	Seat Track Position	9		9
	Seat Back Incline Pre/Post Impact	01		01
S E C O N D	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
	Seat Track Position			
	Seat Back Incline Pre/Post Impact			
T H I R D	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
	Seat Track Position			
	Seat Back Incline Pre/Post Impact			
O T H E R	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
	Seat Track Position			
	Seat Back Incline Pre/Post Impact			

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE

(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

HEAD RESTRAINTS/SEAT EVALUATION

Head Restraint Type/Damage by Occupant at This Occupant Position

(0) No head restraints
 (1) Integral — no damage
 (2) Integral — damaged during accident
 (3) Adjustable — no damage
 (4) Adjustable — damaged during accident
 (5) Add-on — no damage
 (6) Add-on — damaged during accident
 (8) Other Specify:
 (9) Unknown

Seat Type (this Occupant Position)

(00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Other seat type (specify):
 (10) Box mounted seat (i.e., van type)
 (99) Unknown

Seat Performance (this Occupant Position)

(0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify):
 (4) Seat tracks/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion (specify):
 (7) Combination of above (specify):
 (8) Other (specify):
 (9) Unknown

Seat Orientation (this Occupant Position)

(0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown

Seat Track Adjusted Position Prior To Impact

(0) Occupant not seated or no seat
 (1) Non-adjustable seat track

Adjustable Seat Track

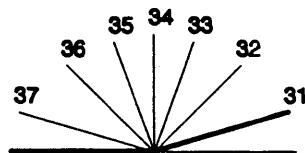
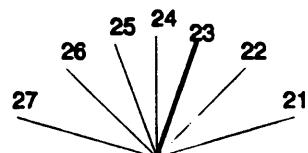
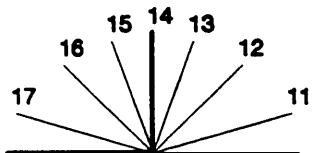
(2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

Seat Back Incline Prior and Post Impact

(00) Occupant not seated or no seat
 (01) Not adjustable
Upright prior to impact
 (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

Slightly reclined prior to impact
 (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

Completely reclined prior to impact
 (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position
 (99) Unknown



Coding diagrams for Seat Back Incline Position Prior and Post Impact

**DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE
 (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)**

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No Yes

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection (1) Complete ejection (2) Partial ejection (3) Ejection, Unknown degree (9) Unknown	(7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): <hr/> (9) Unknown	(5) Integral structure (8) Other medium (specify): <hr/> (9) Unknown
Ejection Area (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear	Ejection Medium (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): <hr/>	Medium Status (Immediately Prior to Impact) (1) Open (2) Closed (3) Integral structure (9) Unknown

ENTRAPMENT No Yes

Describe entrapment mechanism:

Component(s):

(Note in vehicle interior diagram)

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat	<i>Not Applicable!</i>					
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					
<p>1. Type of Child Safety Seat</p> <p>(0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): (8) Unknown child safety seat type (9) Unknown if child safety seat used</p> <p>2. Child Safety Seat Orientation</p> <p>(00) No child safety seat Designed for Rear Facing for This Age/Weight (01) Rear facing (02) Forward facing (08) Other orientation (specify): (09) Unknown orientation Designed for Forward Facing for This Age/Weight (11) Rear facing (12) Forward facing (18) Other orientation (specify): (19) Unknown orientation Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (28) Other orientation (specify): (29) Unknown orientation (99) Unknown if child safety seat used</p> <p>3. Child Safety Seat Harness Usage</p> <p>4. Child Safety Seat Shield Usage</p> <p>5. Child Safety Seat Tether Usage <i>Note: Options Below Are Used for Variables 3-5.</i></p> <p>(00) No child safety seat Not Designed with Harness/Shield/Tether (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used</p> <p>Designed With Harness/Shield/Tether</p> <p>(11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used</p> <p>Unknown If Designed With Harness/Shield/Tether</p> <p>(21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used</p> <p>(99) Unknown if child safety seat used</p> <p>6. Child Safety Seat Make/Model <i>(Specify make/model and occupant number)</i></p> <hr/> <hr/> <hr/>						

Appendix F:

NASS CDS INTERVIEW FORM:
CASE VEHICLE DRIVER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

INTERVIEW FORM (A)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	10	Interviewee(s) Role or Name(s):	DRIVER
2. Case Number - Stratum	9516		
3. Vehicle Number	01		

Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.

If the driver was not the person interviewed, was an appointment made for a follow-up interview?

DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

I was going EAST straight across I had stop sign. I wasn't sure of the route the kids helped me my first time on route. I started from stop looked both ways out of corner of my eye I saw other veh. as she was about to hit. We hit bus side ways almost tipping us over until we hit telephone pole uprighting bus. When we stopped I told kids to come up to front single file and exit bus. One of kids ran back to open pass door of van to get driver out. Then he yelled fire.

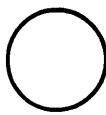
OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

Police told me that the vans gas line broke from hood being crumpled back when it went under us. Police said if bus tank was empty w/ fumes it would have caught fire. All the kids went out front door.

SPECIFIC QUESTIONS TO ASK INTERVIEWEE

I notice fire looking out RV mirror after we came to stop

ACCIDENT DIAGRAM



NORTH

The use of this diagram is optional. It may serve to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

CRASH DATA INFORMATION

IF POSSIBLE OBTAIN THIS INFORMATION FROM THE DRIVER:

SOURCE OF INFORMATION:	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Other occupant <input type="checkbox"/> Relative/friend
In which direction were you traveling?	<input type="checkbox"/> North <input type="checkbox"/> South <input checked="" type="checkbox"/> East <input type="checkbox"/> West (Or where were they coming from or going to?)
What lane were you in?	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other Note: lane 1 is the right curb lane
What was the condition of the roadway?	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Ice <input type="checkbox"/> Sand, dirt, oil <input type="checkbox"/> Other (specify) _____
What was the weather like? (Check all that apply)	<input checked="" type="checkbox"/> No adverse conditions <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Sleet <input type="checkbox"/> Hail <input type="checkbox"/> Snow <input type="checkbox"/> Other (specify) _____
Was there any type of sign or signal present? (check all that apply)	<input type="checkbox"/> Traffic control signal (includes flashing beacons, lane control signals, and green / amber / red signal) <input checked="" type="checkbox"/> Stop sign <input type="checkbox"/> Yield sign <input type="checkbox"/> School zone sign <input type="checkbox"/> Other regulatory sign (No "U" turn, left turn only, wrong way, etc.) specify: _____ <input type="checkbox"/> Warning sign (Winding road sign, stop ahead, intersection signs, etc.) specify: _____ <input type="checkbox"/> Miscellaneous control (including railroad controls) specify: _____ <input type="checkbox"/> None <input type="checkbox"/> Unknown
If a traffic control device was present, was it functioning properly at the time of the crash?	<input type="checkbox"/> No traffic control device present <input type="checkbox"/> Not functioning properly (includes defaced, badly worn, covered with snow, rotated etc.) specify: <input checked="" type="checkbox"/> Functioning properly <input type="checkbox"/> Unknown
Can you estimate your travel speed before the crash? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input checked="" type="checkbox"/> 1-10 <input checked="" type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
Just before the crash, what were you doing or intending to do? (check all that apply)	<input checked="" type="checkbox"/> Going straight <input type="checkbox"/> Stopped <input type="checkbox"/> Turning left <input type="checkbox"/> Turning right <input type="checkbox"/> Slowing <input type="checkbox"/> Accelerating <input type="checkbox"/> Backing <input type="checkbox"/> Changing lanes to right <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Changing lanes to left
Did vehicle lose control due to weather or mechanical problems?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes (describe) _____
Did driver take avoidance actions? <input type="checkbox"/> Yes (Check all that apply) → <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Braking with lock-up <input checked="" type="checkbox"/> Accelerating <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Braking without lock-up <input type="checkbox"/> Steering left <input type="checkbox"/> Releasing brakes <input type="checkbox"/> Steering right
Where was vehicle at time of collision?	<input checked="" type="checkbox"/> Original travel lane <input type="checkbox"/> Different travel lane <input type="checkbox"/> In intersection <input type="checkbox"/> Off roadway to right <input type="checkbox"/> Off roadway to left <input type="checkbox"/> Other (specify): _____
Can you estimate your travel speed at the time of collision? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input checked="" type="checkbox"/> 1-10 <input checked="" type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
Describe all the impacts to the vehicle, including what the vehicle contacted) and how this vehicle moved to its stopped position, after the collision?	First one w/ VAN the second one w/ the utility Pole
What race does the driver consider themselves?	<input checked="" type="checkbox"/> White <input type="checkbox"/> American Indian, Eskimo or Aleut, Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
Is the driver of Hispanic origin?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

VEHICLE INFORMATION

ROLLOVER DATA

DID THIS VEHICLE ROLL OVER DURING THE CRASH?

- YES -- ASK THE FOLLOWING QUESTIONS
 NO -- SKIP TO "FIRE DATA" BELOW
 UNKNOWN -- SKIP TO "FIRE DATA" BELOW

FIRE DATA

DID THIS VEHICLE EXPERIENCE A FIRE?

- YES -- ASK THE FOLLOWING QUESTIONS
 NO -- SKIP THIS SECTION
 UNKNOWN -- SKIP THIS SECTION

Describe where the fire started, or where the smoke was first seen	<input type="checkbox"/> Under the hood <input type="checkbox"/> Behind the instrument panel <input type="checkbox"/> In the passenger compartment	<input type="checkbox"/> In the trunk/cargo area <input type="checkbox"/> Under the vehicle <input checked="" type="checkbox"/> From other involved vehicle <input type="checkbox"/> Unknown
Did the fire start with the electrical system?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (specify): <input type="checkbox"/> Unknown	
Did the fire start with the fuel system?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (specify): <input type="checkbox"/> Unknown	
ASK IF THE FIRE INVOLVED THE FUEL SYSTEM		
Which part of the fuel system may have been involved?	<input type="checkbox"/> Fuel tank <input type="checkbox"/> Fuel lines <input type="checkbox"/> Engine compartment (specify component if known) <input type="checkbox"/> Unknown N/A	

Describe any additional rollover or fire information here:

FIRE started from other vehicle.

ADDITIONAL VEHICLE INFORMATION

IF THIS VEHICLE HAS NOT BEEN INSPECTED ASK THIS QUESTION: What is the year, make and model of your vehicle?		Year: 19 _____ Make: _____ Model: _____
Was there any damage to the vehicle that is not related to this crash?		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - describe: <i>Front bumper damaged in school bus yard</i> <input type="checkbox"/> Unknown
Did any of the doors or hatch come open during the crash?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown
Did any of the windows break during the crash?		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown
Were any windows open (O) or partially open (P) prior to the crash?		<input type="checkbox"/> No <input type="checkbox"/> Yes* * "O" = open <input checked="" type="checkbox"/> "P" = partially open <i>every other one.</i> <input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other <input type="checkbox"/> Unknown
Did the glove compartment door come open during the crash?		<input type="checkbox"/> No <input type="checkbox"/> Yes - describe: <i>N/A</i> <input type="checkbox"/> Unknown
Was there any cargo in the vehicle at the time of the crash?		<input type="checkbox"/> No <input type="checkbox"/> Yes - describe: Approximate weight - _____ pounds <input checked="" type="checkbox"/> Unknown <i>26 students + backpacks</i>
Approximate mileage on the vehicle?		_____ miles <input type="checkbox"/> Unknown
If you have not inspected the vehicle or permission is needed, ask if you may look at their vehicle to assess the damage and ascertain the following information:		<input type="checkbox"/> Current location of the vehicle <input type="checkbox"/> Description of the vehicle <input type="checkbox"/> Contact person

Detail any notes, questions to ask interviewee (i.e., rescue personnel damage to vehicle) or directions to vehicle location here:

National Accident Sampling System-Crashworthiness Data System: Interview Form

SPECIAL CRASH INVESTIGATION ADDENDUM: DRIVER INFORMATION			
Do you recall the type of development in the area of the crash?	[] Residential [] Industrial [] Undeveloped [] Other: _____	[] Commercial ☒ Agricultural [] School	
What were the weather conditions at the time of the crash?	[X] Clear (no clouds, no precipitation) [] Cloudy (partially cloudy, no precipitation) [] Overcast (full cloud cover, no precipitation) [] Precipitating [] Unknown		
What was the type of precipitation?	[] No precipitation [] Raining [] Sleet [] Hailing	[] Unknown [] Freezing rain [] Snowing	
What was the condition of the road surface?	[X] Dry [] Snowy, slushy [] Other (e.g., sand, dirt, oil on surface, etc.) [] Unknown	[] Wet [] Icy	
How would you describe the amount of traffic at the time of the crash?	[] Heavy [X] Light	[] Moderate [] No other traffic present	
What is your occupation?	[] Professional [] Government official [] Management [] Sales [] Craftsman and foreman [] Service worker [] Farmers and farm-managers [] Farm laborers and foreman [] Private household worker [] Housewife	[] Technical [] Proprietors [] Clerical [] Student [] Bus DRIVER	
How long have you driven this vehicle?	Years: _____	Months: <u>1 DAY</u>	
How many miles do you think that you have driven it in the last 12-month period?	Miles: <u>10,000</u> in <u>Prvt VEH</u> <u>28,000</u> in <u>Buses</u>		
How often do you drive this particular roadway?	[] Daily [] Once weekly [] Once monthly [] First time on road	[] Twice weekly [] Twice monthly ☒ Very infrequently	
Where were you coming from just prior to the crash?	[] Home [] School [] Social/recreational [] Personal business	[] Work [] Shopping [] Restaurant [] Other: <u>PICKING up</u>	
Where were you intending to go when the crash occurred?	[] Home [] School [] Social/recreational [] Personal business	[] Work [] Shopping [] Restaurant [] Other: <u>students</u>	

OCCUPANT DATA QUESTIONS

How many people were in your vehicle at the time of the crash?

	DRIVER	OCCUPANT # _____	OCCUPANT # _____
Where was this person sitting in the vehicle? Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R) Third Left (3L) Other (SPECIFY in block) Third Middle (3M) Third Right (3R)	FRONT LEFT		
What is the Sex, Height, Weight, and Age of each occupant?	<input type="checkbox"/> M <input checked="" type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: <u>55</u> WEIGHT: <u>140</u> AGE: <u>58</u>	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: _____ WEIGHT: _____ AGE: _____	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: _____ WEIGHT: _____ AGE: _____
Describe how occupant was seated A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above
Describe feet and hands/arms location just prior to impact (indicate all that apply) FEET A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown HANDS / ARMS F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown	Indicate all letters that apply and further describe as needed <u>A</u>	Indicate all letters that apply and further describe as needed <u>F</u>	Indicate all letters that apply and further describe as needed
Describe any additional information here:			

OCCUPANT DATA CONTINUED ON NEXT PAGE

OCCUPANT DATA QUESTIONS (continued)

	DRIVER	OCCUPANT # ___	OCCUPANT # ___
Was your / their back up against the seat back?	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Does this seat position have an adjustable seat track, if so where was the seat located prior to impact?	<input checked="" type="checkbox"/> Not adjustable <input checked="" type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input checked="" type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input checked="" type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown
Does this seat position have an adjustable seat back, if so where was the seat back located prior to impact?	<input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined
If this seat position has an adjustable seat back, where was the seat back located after impact?	<input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> Did not move (retained original position) <input type="checkbox"/> Completely reclined <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> Completely forward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Did not move (retained original position) <input type="checkbox"/> Completely reclined <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> Completely forward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Did not move (retained original position) <input type="checkbox"/> Completely reclined <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> Completely forward <input type="checkbox"/> Unknown

Did this vehicle have a cellular phone in it during the crash?

 No Yes - describe type:

(e.g., portable, mounted in vehicle, flip phone, etc.)

 Unknown*(Note to researcher: try to determine any driver distractions without implying fault)*

Was the driver doing any of the following? (check all that apply - and specify)

- Talking to or listening to another occupant (specify):
- Was there a moving object in vehicle (specify):
- Talking or listening on a cellular phone (specify):
- Dialing a cellular phone (specify):
- Adjusting climate control (specify):
- Adjusting radio, CD or cassette player (specify):
- Using other device or object in vehicle (specify):
- Sleep; / asleep (specify):
- Distracted by outside person, object, or event (specify):
- Eating or drinking (specify):
- Smoking related (specify):
- Other (specify):
- Unknown

Describe any additional information here:

RESTRAINT INFORMATION

	DRIVER	OCCUPANT # _____	OCCUPANT # _____
Describe the seat belt available for the seat position NOTE: If a belt is not available for a seat position – describe if removed or not functional.	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:
ANSWER THESE QUESTIONS Do any of the belts attach to the door, such that when the door is opened, the belt travels with the door?	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", were they working properly? <input type="checkbox"/> Yes <input type="checkbox"/> No (describe):	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", were they working properly? <input type="checkbox"/> Yes <input type="checkbox"/> No (describe):	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", were they working properly? <input type="checkbox"/> Yes <input type="checkbox"/> No (describe):
Do any of the belts attach to the door, such that when the door is opened, the belt travels with the door?	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", does it cross: <input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", does it cross: <input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", does it cross: <input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both
Were you [and other occupant(s)] wearing a seat belt during the accident?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN			
What type of belt were you [and other occupant(s)] wearing?	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown
How was the lap belt situated?	<input type="checkbox"/> Across abdomen <input type="checkbox"/> Across hips <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Across abdomen <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Across abdomen <input type="checkbox"/> Across hips <input type="checkbox"/> Other (specify) _____
How was the shoulder belt situated?	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify) _____

Describe any breaks, tears, or failures to any of the seat belts:

National Accident Sampling System-Crashworthiness Data System: Interview Form

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	DRIVER	OCCUPANT # ___	OCCUPANT # ___
Was any part of your body thrown outside the vehicle during the crash?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown
	* If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	* If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	* If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.
Was anyone pinned in the vehicle?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes _____ physically pinned _____ jammed doors _____ fire, etc. <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ physically pinned _____ jammed doors _____ fire, etc. <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ physically pinned _____ jammed doors _____ fire, etc. <input type="checkbox"/> Unknown
	Detail any entrapment	Detail any entrapment	Detail any entrapment
How did you [and other occupant(s)] exit the vehicle?	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious or disoriented <input type="checkbox"/> Removed due to injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious or disoriented <input type="checkbox"/> Removed due to injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious or disoriented <input type="checkbox"/> Removed due to injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown
	Further describe any ejection, entrapment, or mobility information here:		

AIR BAG INFORMATION

WAS THIS VEHICLE EVER EQUIPPED WITH AN AIR BAG?

 YES (IF "YES" COMPLETE THIS SECTION) NO UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER SIDE FRONTAL	PASSENGER SIDE FRONTAL OCCUPANT # _____	"OTHER" AIR BAG SPECIFY: _____ OCCUPANT # _____
Had this vehicle been in any previous crashes? <input type="checkbox"/> NO <input type="checkbox"/> YES - continue to right <input type="checkbox"/> UNKNOWN - go to box below	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> >1, <u>with at least</u> one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> >1, <u>with at least</u> one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> >1, <u>with at least one</u> deployment <input type="checkbox"/> Previous accident(s) unknown if deployed
Type of air bag?	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown
Had any prior maintenance / service been performed on the air bag system?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
Did the air bag inflate during this crash?	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Was the person in this position wearing any type of eye-wear? (Eyeglasses, sunglasses, contact lenses)	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
Was the air bag in this position contacted by another occupant?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:

Describe any additional information here:

CHILD SAFETY SEAT INFORMATION

WAS THERE A PERSON IN A CHILD SAFETY SEAT IN THIS VEHICLE?

[] YES (IF "YES" COMPLETE THIS SECTION)

[X] NO [] UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER	OCCUPANT # _____	OCCUPANT # _____
Manufacturer and model of the safety seat?			
Type of safety seat?		<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: <input type="checkbox"/> Unknown
What direction was it facing prior to the crash?		<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown
Was a seat belt used to hold the seat in place?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
How was the seat belt secured to the child seat?		<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
What was the safety seat equipped with at time of purchase?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown
Were any of these added after they owned the safety seat?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown

Describe any additional information here:

INJURY INFORMATION

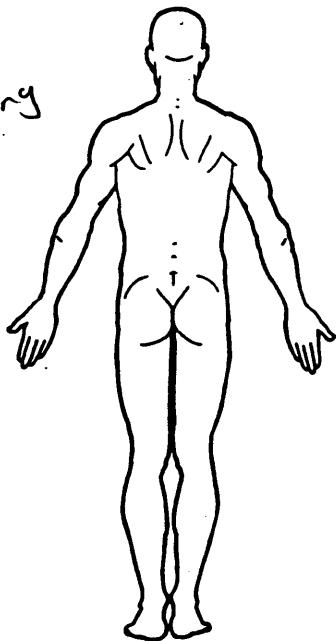
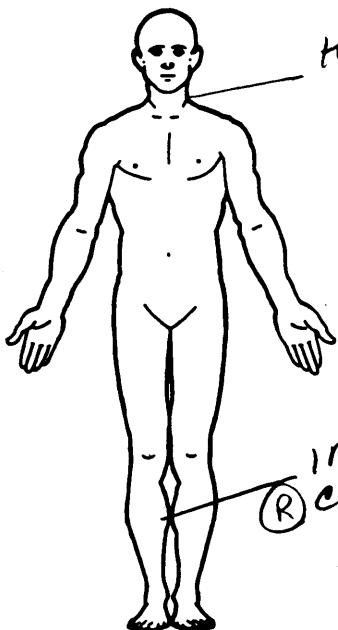
	DRIVER	OCCUPANT # ____	OCCUPANT # ____
Were you (or any other occupants) injured?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
► If "YES" go to manikin page and record injuries in detail ► If "NO" ask next questions			
Did you (or any other occupants) receive any of the following: (If any injuries are checked, go to the manikin page and record location, lesion, and source)	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input checked="" type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other (specify): _____
IF YES TO INJURIES, GO TO THE MANIKIN PAGE AND RECORD LOCATION, LESION, AND SOURCE			
Did you (or any other occupants) receive any medical treatment? (check all that apply)	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown
Were you (or any other occupants) hospitalized?	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes - number of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - number of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - number of days _____ <input type="checkbox"/> Unknown
Were you (or any other occupants) treated and released from the emergency room?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Name of medical treatment facility?	<i>Hosp</i>		
Have you (or any other occupants) received any follow-up treatment?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - describe: <i>see bottom of page</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe: <hr/>	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe: <hr/>
Have you (or any other occupants) lost any days from work or school (college) due to the crash?	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - number of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - number of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - number of days _____ <input type="checkbox"/> Unknown
IF REQUIRED:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown
Will you sign a medical release?			
* If not an in-person interview, make appointment to have release signed	DATE: _____ TIME: _____ PLACE: _____	DATE: _____ TIME: _____ PLACE: _____	DATE: _____ TIME: _____ PLACE: _____

PSU Number 10Case Number—Stratum 9516Vehicle Number 01Occupant Number 01

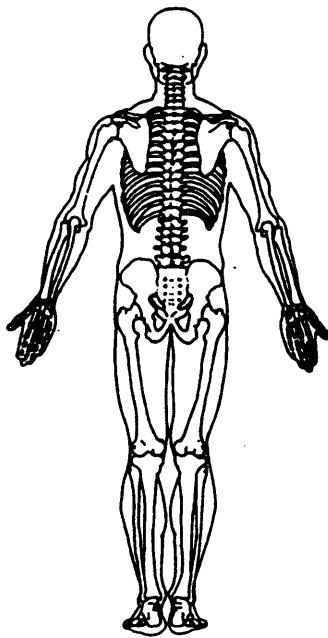
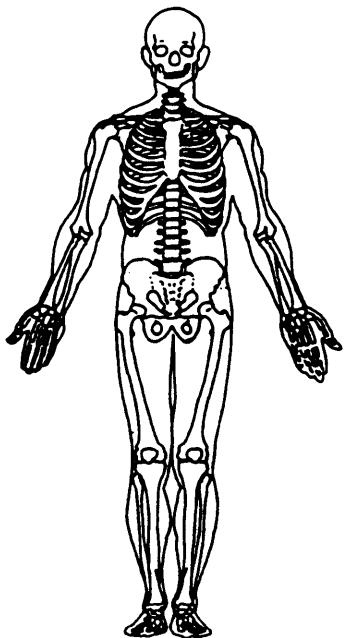
INJURY DATA FROM INTERVIEWEE(S)

Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): DRIVER

SOFT TISSUE/INTERNAL INJURIES



SKELETAL INJURIES



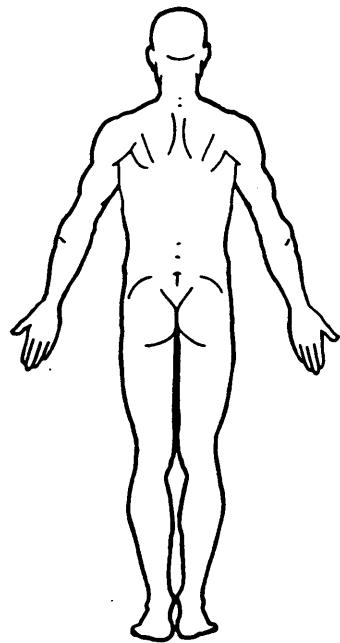
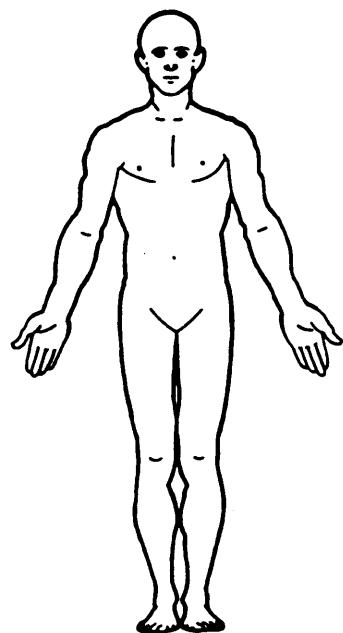
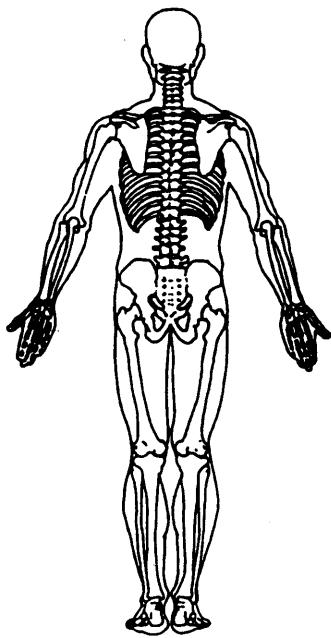
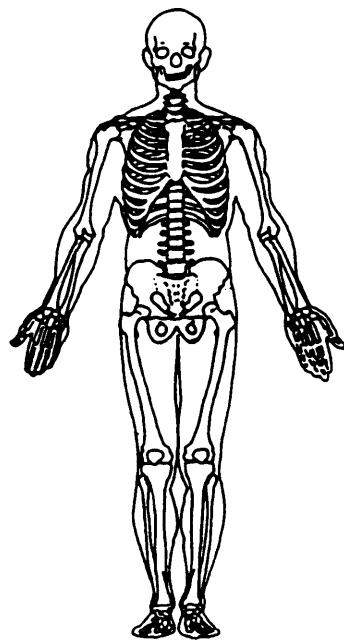
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10

Case Number—Stratum _____

Vehicle Number _____

Occupant Number _____

INJURY DATA FROM INTERVIEWEE(S)Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____**SOFT TISSUE/INTERNAL INJURIES****SKELETAL INJURIES**

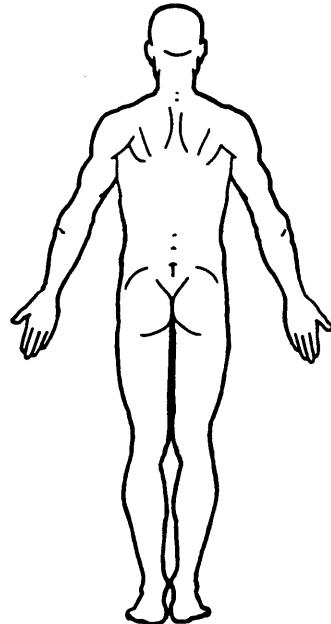
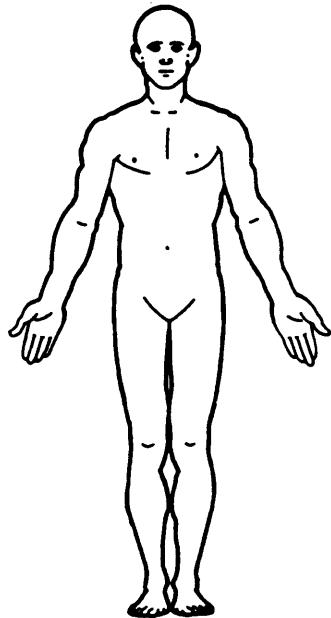
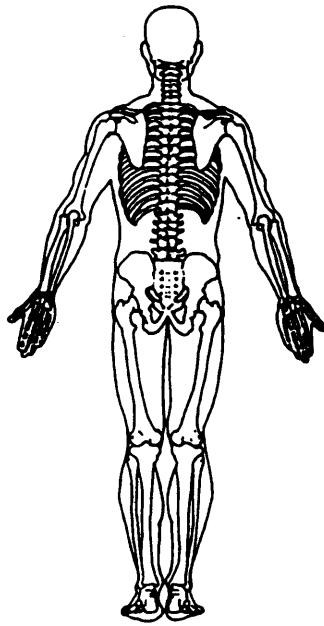
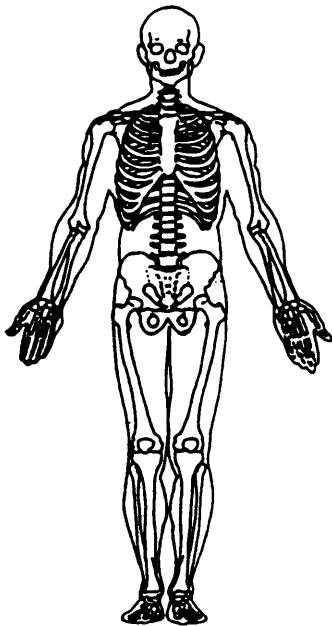
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10

Case Number—Stratum _____

Vehicle Number _____

Occupant Number _____

INJURY DATA FROM INTERVIEWEE(S)Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____**SOFT TISSUE/INTERNAL INJURIES****SKELETAL INJURIES**

The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

Appendix G:**ABBREVIATED NASS CDS INTERVIEW FORMS:****CASE VEHICLE OCCUPANTS**

According to the Police Accident Report, nine students on the case vehicle were injured as a result of the crash. Of these nine students, only one had a listed telephone number. This contractor created a abbreviated questionnaire, based on the NASS CDS Interview Form, and mailed one to each of student's parents at the address listed on the Police Accident Report. Only two of the nine questionnaires were returned. None of the questionnaires were returned by the postal service for incorrect address. Both of the returned questionnaires contained a signed medical release.



INTERVIEW FORM SUPPLEMENT

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9516
3. Vehicle Number 01

Interviewee(s) Role or Name(s): _____

OCCUPANT DATA QUESTIONS

	OCCUPANT # <u>6</u>	OCCUPANT # _____	OCCUPANT # _____
Where was this person sitting in the vehicle? Front Left (FL) Front Middle (FM) Front Right (FR) Third Left (3L) Third Middle (3M) Third Right (3R)	SEE back side of page 2. Put X in seat position.		
What is the Sex, Height, Weight, and Age of each occupant? <i>Date of birth</i> <i>Month DATE' 19 yr</i>	<input type="checkbox"/> M <input checked="" type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: <u>5'6</u> WEIGHT: <u>103</u> AGE: <u>12</u>	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: _____ WEIGHT: _____ AGE: _____	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: _____ WEIGHT: _____ AGE: _____
Describe how occupant was seated A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above

OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

OCCUPANT DATA QUESTIONS (continued)

	OCCUPANT # <u>6</u>	OCCUPANT # _____	OCCUPANT # _____
Describe feet and hands/arms location just prior to impact (indicate all that apply)	Indicate all letters that apply and further describe as needed <i>A</i>	Indicate all letters that apply and further describe as needed	Indicate all letters that apply and further describe as needed
<u>FEET</u>			
A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown			
<u>HANDS / ARMS</u>			
F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown			
Was your / their back up against the seat back?	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

FIRE DATA**DID THIS VEHICLE EXPERIENCE A FIRE?**

- YES -- ASK THE FOLLOWING QUESTIONS
 NO -- SKIP THIS SECTION
 UNKNOWN -- SKIP THIS SECTION

Describe where the fire started, or where the smoke was first seen <i>In the back of bus</i>	<input type="checkbox"/> Under the hood <input type="checkbox"/> Behind the instrument panel <input checked="" type="checkbox"/> In the passenger compartment	<input type="checkbox"/> In the trunk/cargo area <input checked="" type="checkbox"/> Under the vehicle <input checked="" type="checkbox"/> From other involved vehicle <input type="checkbox"/> Unknown
Did the fire start with the electrical system?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (specify): <input type="checkbox"/> Unknown	
Did the fire start with the fuel system?	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify): <input checked="" type="checkbox"/> Unknown	
ASK IF THE FIRE INVOLVED THE FUEL SYSTEM Which part of the fuel system may have been involved?	<input type="checkbox"/> Fuel tank <input type="checkbox"/> Fuel lines <input type="checkbox"/> Engine compartment (specify component if known) <input type="checkbox"/> Unknown	

Describe any additional rollover or fire information here:

*On fire at time of impact.
Electrical power lines down.*

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	DRIVER	OCCUPANT #	OCCUPANT #
Was any part of your body thrown outside the vehicle during the crash?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.
Was anyone pinned in the vehicle?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes _____ physically pinned _____ jammed doors _____ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ physically pinned _____ jammed doors _____ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes _____ physically pinned _____ jammed doors _____ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment
How did you [and other occupant(s)] exit the vehicle?	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious or disoriented <input type="checkbox"/> Removed due to injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious or disoriented <input type="checkbox"/> Removed due to injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious or disoriented <input type="checkbox"/> Removed due to injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown
Further describe any ejection, entrapment, or mobility information here:			

PLEASE MARK YOUR CHILD'S SEAT POSITION

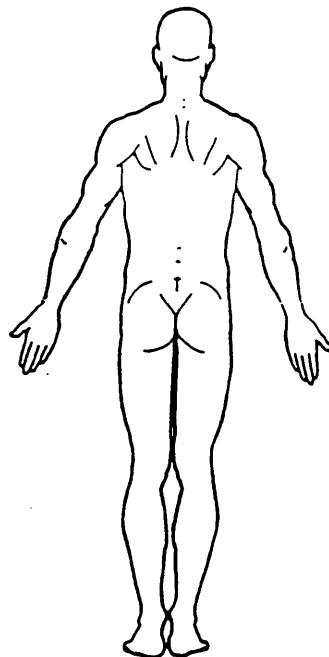
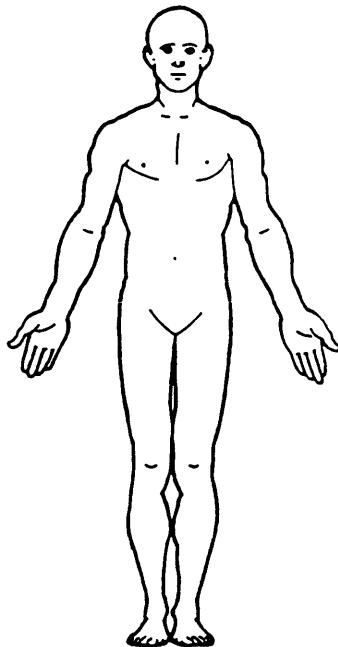
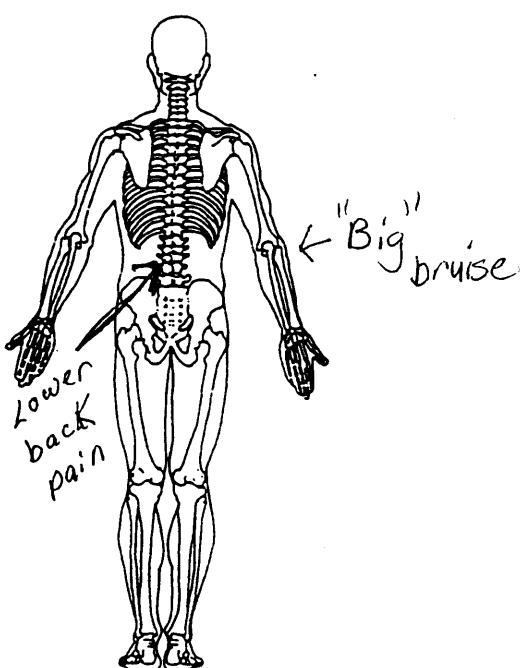
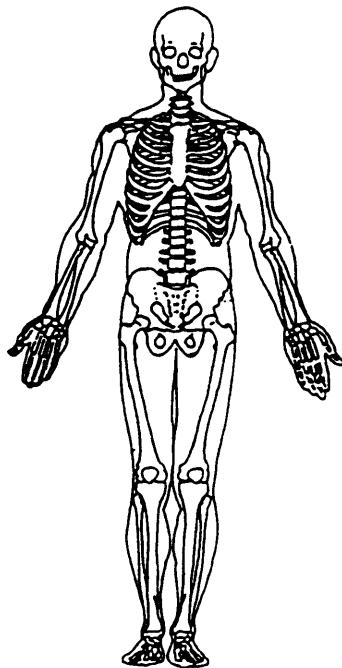
Front of School Bus

Driver's Seat	Aisle			Bus Door
				X
Emergency Door				

Back of School Bus

INJURY INFORMATION

	OCCUPANT # <u>6</u>	OCCUPANT # _____	OCCUPANT # _____
Were you (or any other occupants) injured?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Did you (or any other occupants) receive any of the following: <i>(If any injuries are checked, go to the manikin page and record location, lesion, and source)</i>	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input checked="" type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input checked="" type="checkbox"/> Other (specify): back hurts	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other (specify):
IF OCCUPANT(S) SUSTAINED ANY INJURIES, ANY BOXES CHECKED DETAIL INJURY LOCATION, LESION AND SOURCE ON THE MANIKIN PAGES			
Did you (or any other occupants) receive any medical treatment? <i>(check all that apply)</i>	<input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Medical clinic <input checked="" type="checkbox"/> Paramedics at scene <input checked="" type="checkbox"/> Doctor's office <input checked="" type="checkbox"/> Treated by self <u>110 m</u> <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown
Were you (or any other occupants) hospitalized?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - number of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - number of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - number of days <input type="checkbox"/> Unknown
Were you (or any other occupants) treated and released from the emergency room?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Name of medical treatment facility?			
Have you (or any other occupants) received any follow-up treatment?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - describe: <u>ice on back arm</u> <u>no physical Ed.</u> <u>for 5-10 days</u> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe: _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe: _____ _____
Have you (or any other occupants) lost any days from work or school (college) due to the crash?	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input checked="" type="checkbox"/> Yes - number of days <u>2</u> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - number of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - number of days <input type="checkbox"/> Unknown
IF REQUIRED: Will you sign a medical release?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown
* If not an in-person interview, make appointment to have release signed	DATE: _____ TIME: _____ PLACE: _____	DATE: _____ TIME: _____ PLACE: _____	DATE: _____ TIME: _____ PLACE: _____

PSU Number 10Case Number—Stratum 9516Vehicle Number 01Occupant Number 06**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____**SOFT TISSUE/INTERNAL INJURIES****SKELETAL INJURIES**

The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).



INTERVIEW FORM SUPPLEMENT

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9516
3. Vehicle Number 01

Interviewee(s) Role or Name(s): Occupant
+ parent(s)

OCCUPANT DATA QUESTIONS

	OCCUPANT # <u>7</u>	OCCUPANT # _____	OCCUPANT # _____
Where was this person sitting in the vehicle? Front Left (FL) Front Middle (FM) Front Right (FR) Second Left (2L) Second Middle (2M) Second Right (2R) Third Left (3L) Third Middle (3M) Third Right (3R) Other: (SPECIFY in block)	SEE backside of page 2. Put X in seat position.		
What is the Sex, Height, Weight, and Age of each occupant? Date of birth Month <u>DATE</u> , <u>19</u> YR	<input type="checkbox"/> M <input checked="" type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: <u>4'9"</u> WEIGHT: <u>110 lbs</u> AGE: <u>9</u>	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: _____ WEIGHT: _____ AGE: _____	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: _____ WEIGHT: _____ AGE: _____
Describe how occupant was seated A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above

OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

OCCUPANT DATA QUESTIONS (continued)

	OCCUPANT # <u>7</u>	OCCUPANT # <u> </u>	OCCUPANT # <u> </u>
Describe feet and hands/arms location just prior to impact (indicate all that apply)	Indicate all letters that apply and further describe as needed A	Indicate all letters that apply and further describe as needed	Indicate all letters that apply and further describe as needed
<u>FEET</u> A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown			
<u>HANDS / ARMS</u> F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown		J	
Was your / their back up against the seat back?	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

FIRE DATA**DID THIS VEHICLE EXPERIENCE A FIRE?**

- YES -- ASK THE FOLLOWING QUESTIONS
 NO -- SKIP THIS SECTION
 UNKNOWN -- SKIP THIS SECTION

Describe where the fire started, or where the smoke was first seen	<input type="checkbox"/> Under the hood <input type="checkbox"/> Behind the instrument panel <input type="checkbox"/> In the passenger compartment	<input type="checkbox"/> In the trunk/cargo area <input type="checkbox"/> Under the vehicle <input checked="" type="checkbox"/> From other involved vehicle <input type="checkbox"/> Unknown
Did the fire start with the electrical system?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (specify): <input type="checkbox"/> Unknown	
Did the fire start with the fuel system?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (specify): <input type="checkbox"/> Unknown	
ASK IF THE FIRE INVOLVED THE FUEL SYSTEM Which part of the fuel system may have been involved?	<input type="checkbox"/> Fuel tank <input type="checkbox"/> Fuel lines <input type="checkbox"/> Engine compartment (specify component if known) <input type="checkbox"/> Unknown	

Describe any additional rollover or fire information here:

National Accident Sampling System-Crashworthiness Data System: Interview Form

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	DRIVER	OCCUPANT # ___	OCCUPANT # ___
Was any part of your body thrown outside the vehicle during the crash?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.
Was anyone pinned in the vehicle?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes _____ physically pinned _____ jammed doors _____ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ physically pinned _____ jammed doors _____ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ physically pinned _____ jammed doors _____ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment
How did you [and other occupant(s)] exit the vehicle?	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious or disoriented <input type="checkbox"/> Removed due to injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious or disoriented <input type="checkbox"/> Removed due to injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious or disoriented <input type="checkbox"/> Removed due to injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown

Further describe any ejection, entrapment, or mobility information here:

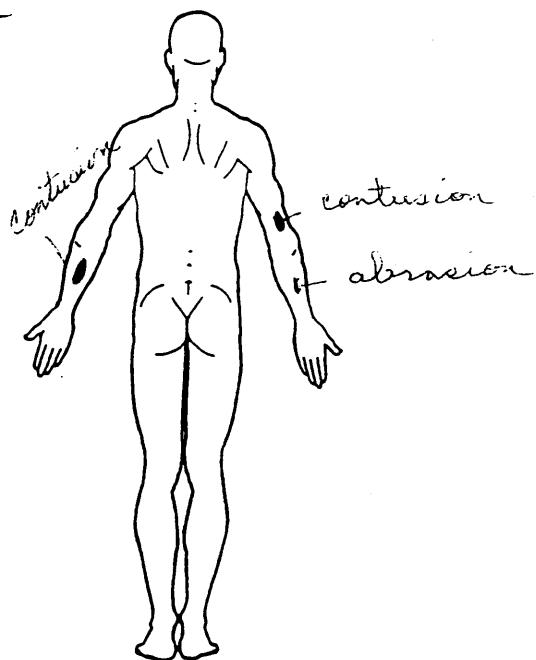
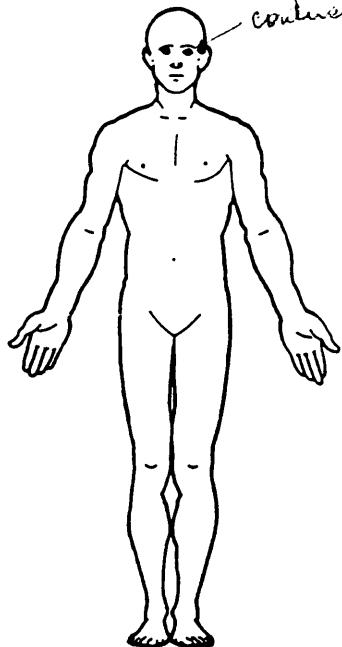
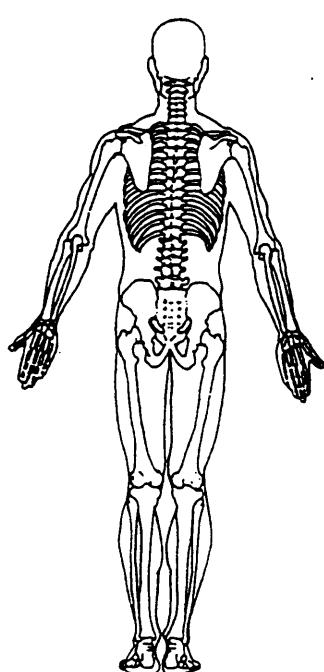
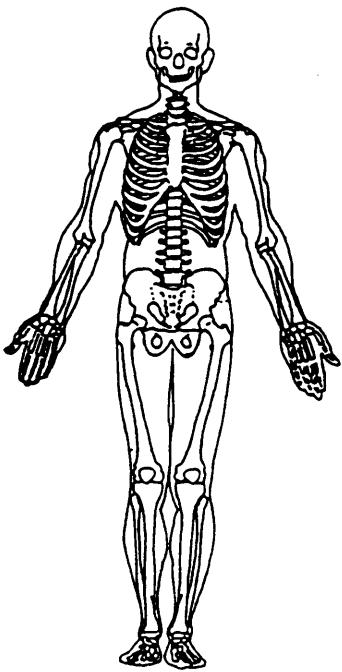
PLEASE MARK YOUR CHILD'S SEAT POSITION

Front of School Bus

Back of School Bus

INJURY INFORMATION

	OCCUPANT # 1	OCCUPANT #	OCCUPANT #
Were you (or any other occupants) injured? ► If "YES" go to manikin page and record injuries in detail ► If "NO" ask next questions	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Did you (or any other occupants) receive any of the following: (If any injuries are checked, go to the manikin page and record location, lesion, and source)	<input type="checkbox"/> Cuts <input checked="" type="checkbox"/> Abrasions <input checked="" type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other (specify):
IF OCCUPANTS SUSTAINED ANY INJURIES ANY BOXES CHECKED DETAIL INJURY LOCATION, LESION AND SOURCE ON THE MANIKIN PAGES			
Did you (or any other occupants) receive any medical treatment? (check all that apply)	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input checked="" type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown
Were you (or any other occupants) hospitalized?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - number of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - number of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - number of days <input type="checkbox"/> Unknown
Were you (or any other occupants) treated and released from the emergency room?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Name of medical treatment facility?			
Have you (or any other occupants) received any follow-up treatment?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe: _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe: _____ _____
Have you (or any other occupants) lost any days from work or school (college) due to the crash?	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input checked="" type="checkbox"/> Yes - number of days _____	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - number of days _____	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - number of days _____
IF REQUIRED: Will you sign a medical release?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown
* If not an in-person interview, make appointment to have release signed	DATE: _____ TIME: _____ PLACE: _____	DATE: _____ TIME: _____ PLACE: _____	DATE: _____ TIME: _____ PLACE: _____

PSU Number 10Case Number—Stratum 9516Vehicle Number 01Occupant Number 07**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s):Occupant +
Parent(s)**SOFT TISSUE/INTERNAL INJURIES****SKELETAL INJURIES**

The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

Appendix H:

NASS CDS INTERVIEW FORM:

VEHICLE #2 DRIVER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

INTERVIEW FORM (A)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	1 0	Interviewee(s) Role or Name(s):	DRIVER
2. Case Number - Stratum	9 5 1 6		
3. Vehicle Number	0 2		

Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.

If the driver was not the person interviewed, was an appointment made for a follow-up interview?

DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

I was N/B on RD as I approached intersection the bus pulled out and kept going across I was only about 3 car lengths from intersection when she pulled out.

My daughter was following me she saw fire as soon as I hit.

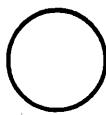
Hit bus went off corner bus started to tip hit pole Bus tipped back on my hood.

I crawled out open (R) front window

OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

SPECIFIC QUESTIONS TO ASK INTERVIEWEE

ACCIDENT DIAGRAM



NORTH

The use of this diagram is optional. It may serve to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

CRASH DATA INFORMATION				
IF POSSIBLE OBTAIN THIS INFORMATION FROM THE DRIVER:				
SOURCE OF INFORMATION:	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Other occupant <input type="checkbox"/> Relative/friend			
In which direction were you traveling?	<input checked="" type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West (Or where were they coming from or going to?)			
What lane were you in?	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other Note: lane 1 is the right curb lane			
What was the condition of the roadway?	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Ice <input type="checkbox"/> Sand, dirt, oil <input type="checkbox"/> Other (specify) _____			
What was the weather like? (Check all that apply)	<input checked="" type="checkbox"/> No adverse conditions <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Sleet <input type="checkbox"/> Hail <input type="checkbox"/> Snow <input type="checkbox"/> Other (specify) _____			
Was there any type of sign or signal present? (check all that apply)	<input type="checkbox"/> Traffic control signal (includes flashing beacons, lane control signals, and green / amber / red signal) <input type="checkbox"/> Stop sign <input type="checkbox"/> Yield sign <input type="checkbox"/> School zone sign <input type="checkbox"/> Other regulatory sign (No "U" turn, left turn only, wrong way, etc.) specify: _____ <input type="checkbox"/> Warning sign (Winding road sign, stop ahead, intersection signs, etc.) specify: _____ <input checked="" type="checkbox"/> Miscellaneous control (including railroad controls) specify: _____ <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown			
If a traffic control device was present, was it functioning properly at the time of the crash?	<input checked="" type="checkbox"/> No traffic control device present <input type="checkbox"/> Not functioning properly (includes defaced, badly worn, covered with snow, rotated etc.) specify: <input type="checkbox"/> Functioning properly <input type="checkbox"/> Unknown			
Can you estimate your travel speed before the crash? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 1-10	<input checked="" type="checkbox"/> 11-20 <i>30</i>	<input type="checkbox"/> 31-40 <input checked="" type="checkbox"/> 21-30 <input type="checkbox"/> 41-50	<input type="checkbox"/> 51-60 <input type="checkbox"/> 61-70 <input type="checkbox"/> 70+ <input type="checkbox"/> Unknown
Just before the crash, what were you doing or intending to do? (check all that apply)	<input checked="" type="checkbox"/> Going straight <input type="checkbox"/> Stopped <input type="checkbox"/> Turning left <input type="checkbox"/> Turning right <input type="checkbox"/> Slowing <input type="checkbox"/> Accelerating <input type="checkbox"/> Backing <input type="checkbox"/> Changing lanes to right <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Changing lanes to left			
Did vehicle lose control due to weather or mechanical problems?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes (describe) _____			
Did driver take avoidance actions? <input checked="" type="checkbox"/> Yes (Check all that apply) → <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Braking with lock-up <input type="checkbox"/> Accelerating <input type="checkbox"/> Other (specify): _____ <input checked="" type="checkbox"/> Braking without lock-up <input type="checkbox"/> Steering left <input type="checkbox"/> Releasing brakes <input type="checkbox"/> Steering right			
Where was vehicle at time of collision?	<input checked="" type="checkbox"/> Original travel lane <input type="checkbox"/> Different travel lane <input type="checkbox"/> In intersection <input type="checkbox"/> Off roadway to right <input type="checkbox"/> Off roadway to left <input type="checkbox"/> Other (specify): _____			
Can you estimate your travel speed at the time of collision? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 1-10	<input checked="" type="checkbox"/> 11-20 <i>25</i>	<input type="checkbox"/> 31-40 <input checked="" type="checkbox"/> 21-30 <input type="checkbox"/> 41-50	<input type="checkbox"/> 51-60 <input type="checkbox"/> 61-70 <input type="checkbox"/> 70+ <input type="checkbox"/> Unknown
Describe all the impacts to the vehicle, including what the vehicle contacted) and how this vehicle moved to its stopped position, after the collision?				
What race does the driver consider themselves?	<input checked="" type="checkbox"/> White <input type="checkbox"/> American Indian, Eskimo or Aleut, Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown			
Is the driver of Hispanic origin?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown			

VEHICLE INFORMATION

ROLLOVER DATA

DID THIS VEHICLE ROLL OVER DURING THE CRASH?

- YES -- ASK THE FOLLOWING QUESTIONS
 NO -- SKIP TO "FIRE DATA" BELOW
 UNKNOWN -- SKIP TO "FIRE DATA" BELOW

Describe where the rollover began	<input type="checkbox"/> On roadway <input type="checkbox"/> On shoulder <input type="checkbox"/> On roadside or median <input type="checkbox"/> Unknown
What caused the vehicle to roll over?	<input type="checkbox"/> Other vehicle (specify vehicle number) _____ <input type="checkbox"/> Contact to object (specify): _____ <input type="checkbox"/> Other cause (specify): _____ <input type="checkbox"/> Unknown
Which direction did the vehicle roll?	<input type="checkbox"/> Toward the right (passenger side) <input type="checkbox"/> Toward the left (driver side) <input type="checkbox"/> End-over-end <input type="checkbox"/> Unknown
Estimate the number of quarter turns (each side) or complete turns (4 quarter turns) the vehicle did	Number of quarter turns <input type="checkbox"/> Unknown Number of complete turns
When the vehicle stopped rolling over, which side was in contact with the ground?	<input type="checkbox"/> Left side <input type="checkbox"/> Top <input type="checkbox"/> Right side <input type="checkbox"/> Wheels <input type="checkbox"/> Unknown

FIRE DATA

DID THIS VEHICLE EXPERIENCE A FIRE?

- YES -- ASK THE FOLLOWING QUESTIONS
 NO -- SKIP THIS SECTION
 UNKNOWN -- SKIP THIS SECTION

Describe where the fire started, or where the smoke was first seen	<input checked="" type="checkbox"/> Under the hood <input type="checkbox"/> Behind the instrument panel <input type="checkbox"/> In the passenger compartment	<input type="checkbox"/> In the trunk/cargo area <input type="checkbox"/> Under the vehicle <input type="checkbox"/> From other involved vehicle <input type="checkbox"/> Unknown
Did the fire start with the electrical system?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (specify): <input type="checkbox"/> Unknown	
Did the fire start with the fuel system?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (specify): <input type="checkbox"/> Unknown	
ASK IF THE FIRE INVOLVED THE FUEL SYSTEM Which part of the fuel system may have been involved?	<input type="checkbox"/> Fuel tank <input type="checkbox"/> Fuel lines <input checked="" type="checkbox"/> Engine compartment (specify component if known) <input type="checkbox"/> Unknown	

Describe any additional rollover or fire information here:

started almost simultaneously to impact.

ADDITIONAL VEHICLE INFORMATION

IF THIS VEHICLE HAS NOT BEEN INSPECTED ASK THIS QUESTION:	
What is the year, make and model of your vehicle?	Year: 19 ____ Make: _____ Model: _____
Was there any damage to the vehicle that is not related to this crash?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown
Did any of the doors or hatch come open during the crash?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown
Did any of the windows break during the crash?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - describe: <i>windshield</i> <input type="checkbox"/> Unknown
Were any windows open (O) or partially open (P) prior to the crash?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes* * "O" = open "P" = partially open <input type="checkbox"/> WS <input type="checkbox"/> LF <input checked="" type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other <input type="checkbox"/> Unknown
Did the glove compartment door come open during the crash?	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input checked="" type="checkbox"/> Unknown
Was there any cargo in the vehicle at the time of the crash?	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe: Approximate weight - _____ pounds <input type="checkbox"/> Unknown <i>All my daughters clothes appliances, everything</i>
Approximate mileage on the vehicle?	_____ miles <input type="checkbox"/> Unknown
If you have not inspected the vehicle or permission is needed to ask if you may look at their vehicle to assess the damage and ascertain the following:	Current location of the vehicle Contact person Phone number

Detail any notes, questions to ask interviewee (i.e., rescue personnel damage to vehicle) or directions to vehicle location here:

SPECIAL CRASH INVESTIGATION ADDENDUM: DRIVER INFORMATION			
Do you recall the type of development in the area of the crash?	<input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Undeveloped <input type="checkbox"/> Other: _____	<input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Agricultural <input type="checkbox"/> School	
What were the weather conditions at the time of the crash?	<input checked="" type="checkbox"/> Clear (no clouds, no precipitation) <input type="checkbox"/> Cloudy (partially cloudy, no precipitation) <input type="checkbox"/> Overcast (full cloud cover, no precipitation) <input type="checkbox"/> Precipitating <input type="checkbox"/> Unknown		
What was the type of precipitation?	<input checked="" type="checkbox"/> No precipitation <input type="checkbox"/> Raining <input type="checkbox"/> Sleet <input type="checkbox"/> Hailing	<input type="checkbox"/> Unknown <input type="checkbox"/> Freezing rain <input type="checkbox"/> Snowing	
What was the condition of the road surface?	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snowy, slushy <input type="checkbox"/> Other (e.g., sand, dirt, oil on surface, etc.) <input type="checkbox"/> Unknown		
How would you describe the amount of traffic at the time of the crash?	<input type="checkbox"/> Heavy <input checked="" type="checkbox"/> Light	<input type="checkbox"/> Moderate <input type="checkbox"/> No other traffic present	
What is your occupation?	<input type="checkbox"/> Professional <input type="checkbox"/> Government official <input type="checkbox"/> Management <input type="checkbox"/> Sales <input type="checkbox"/> Craftsman and foreman <input type="checkbox"/> Service worker <input type="checkbox"/> Farmers and farm-managers <input type="checkbox"/> Farm laborers and foreman <input type="checkbox"/> Private household worker <input type="checkbox"/> Housewife <input type="checkbox"/> Other: <i>Marketing show dogs</i>		
How long have you driven this vehicle?	Years: <u>3</u>	Months: _____	
How many miles do you think that you have driven it in the last 12-month period?	Miles: <u>5000</u>		
How often do you drive this particular roadway?	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Once weekly <input type="checkbox"/> Once monthly <input type="checkbox"/> First time on road		
Where were you coming from just prior to the crash?	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Social/recreational <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____		
Where were you intending to go when the crash occurred?	<input type="checkbox"/> Home <input checked="" type="checkbox"/> School <i>College</i> <input type="checkbox"/> Social/recreational <input type="checkbox"/> Personal business <input type="checkbox"/> Work <input type="checkbox"/> Shopping <input type="checkbox"/> Restaurant <input type="checkbox"/> Other: _____		

OCCUPANT DATA QUESTIONS

How many people were in your vehicle at the time of the crash?

	DRIVER	OCCUPANT # _____	OCCUPANT # _____
Where was this person sitting in the vehicle? Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R) Third Left (3L) Other (SPECIFY in block) Third Middle (3M) Third Right (3R)	FRONT LEFT		
What is the Sex, Height, Weight, and Age of each occupant?	<input type="checkbox"/> M <input checked="" type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: <u>5'7"</u> WEIGHT: <u>145</u> AGE: <u>48</u>	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: _____ WEIGHT: _____ AGE: _____	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: _____ WEIGHT: _____ AGE: _____
Describe how occupant was seated A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above
Describe feet and hands/arms location just prior to impact (indicate all that apply) <u>FEET</u> A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown <u>HANDS / ARMS</u> F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown	Indicate all letters that apply and further describe as needed Both on break at first <u>A</u>	Indicate all letters that apply and further describe as needed <u>F</u>	Indicate all letters that apply and further describe as needed
Describe any additional information here:			

OCCUPANT DATA CONTINUED ON NEXT PAGE

OCCUPANT DATA QUESTIONS (continued)

	DRIVER	OCCUPANT # _____	OCCUPANT # _____
Was your / their back up against the seat back?	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Does this seat position have an adjustable seat track, if so where was the seat located prior to impact?	<input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown
Does this seat position have an adjustable seat back, if so where was the seat back located prior to impact?	<input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined
If this seat position has an adjustable seat back, where was the seat back located after impact?	<input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> Did not move (retained original position) <input type="checkbox"/> Completely reclined <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> Completely forward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Did not move (retained original position) <input type="checkbox"/> Completely reclined <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> Completely forward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Did not move (retained original position) <input type="checkbox"/> Completely reclined <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> Completely forward <input type="checkbox"/> Unknown

Did this vehicle have a cellular phone in it during the crash?

 No Yes - describe type:

(e.g., portable, mounted in vehicle, flip phone, etc.)

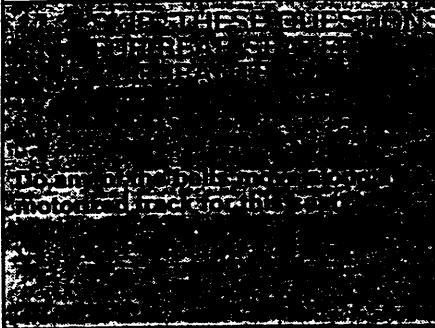
 Unknown*(Note to researcher: try to determine any driver distractions without implying fault)*

Was the driver doing any of the following? (check all that apply - and specify)

- Talking to or listening to another occupant (specify):
- Was there a moving object in vehicle (specify):
- Talking or listening on a cellular phone (specify):
- Dialing a cellular phone (specify):
- Adjusting climate control (specify):
- Adjusting radio, CD or cassette player (specify):
- Using other device or object in vehicle (specify):
- Sleep, / asleep (specify):
- Distracted by outside person, object, or event (specify):
- Eating or drinking (specify):
- Smoking related (specify):
- Other (specify):
- Unknown

Describe any additional information here:

RESTRAINT INFORMATION

	DRIVER	OCCUPANT # _____	OCCUPANT # _____
Describe the seat belt available for the seat position NOTE: If a belt is not available for a seat position – describe if removed or not functional.	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe: 	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe: <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", were they working properly? <input type="checkbox"/> Yes <input type="checkbox"/> No (describe):	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe: <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", were they working properly? <input type="checkbox"/> Yes <input type="checkbox"/> No (describe):
Do any of the belts attach to the door? Such that when the door is opened, the belt travels with the door?	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", does it cross: <input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", does it cross: <input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", does it cross: <input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both
Were you [and other occupant(s)] wearing a seat belt during the accident?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN

What type of belt were you and other occupant(s) wearing?	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Both	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Both	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Both
How was the lap belt situated?	<input type="checkbox"/> Over the head <input type="checkbox"/> Under the chin <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Over the head <input type="checkbox"/> Under the chin <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Over the head <input type="checkbox"/> Under the chin <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify):
How was the shoulder belt situated?	<input type="checkbox"/> Over the head <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Over the head <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Over the head <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify):

Describe any breaks, tears, or failures to any of the seat belts:

National Accident Sampling System-Crashworthiness Data System: Interview Form

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	DRIVER	OCCUPANT # ___	OCCUPANT # ___
Was any part of your body thrown outside the vehicle during the crash?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown
	* If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	* If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	* If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.
Was anyone pinned in the vehicle?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes _____ physically pinned _____ jammed doors _____ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ physically pinned _____ jammed doors _____ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ physically pinned _____ jammed doors _____ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment
How did you [and other occupant(s)] exit the vehicle?	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious or disoriented <input type="checkbox"/> Removed due to injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious or disoriented <input type="checkbox"/> Removed due to injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious or disoriented <input type="checkbox"/> Removed due to injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown

Further describe any ejection, entrapment, or mobility information here:

crawled out (R) pass window

AIR BAG INFORMATION

WAS THIS VEHICLE EVER EQUIPPED WITH AN AIR BAG?

 YES (IF "YES" COMPLETE THIS SECTION) NO UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER SIDE FRONTAL	PASSENGER SIDE FRONTAL OCCUPANT # _____	"OTHER" AIR BAG SPECIFY: _____ OCCUPANT # _____
Had this vehicle been in any previous crashes? <input type="checkbox"/> NO <input type="checkbox"/> YES - continue to right <input type="checkbox"/> UNKNOWN - go to box below	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed IF PRIOR DEPLOYMENT <input type="checkbox"/> CHECK IF NOT REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed IF PRIOR DEPLOYMENT <input type="checkbox"/> CHECK IF NOT REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed IF PRIOR DEPLOYMENT <input type="checkbox"/> CHECK IF NOT REINSTALLED
Type of air bag?	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown
Had any prior maintenance / service been performed on the air bag system?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
Did the air bag inflate during this crash?	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Was the person in this position wearing any type of eye-wear? (Eyeglasses, sunglasses, contact lenses)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
Was the air bag in this position contacted by another occupant?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
Describe any additional information here:			

CHILD SAFETY SEAT INFORMATION

WAS THERE A PERSON IN A CHILD SAFETY SEAT IN THIS VEHICLE?

[] YES (IF "YES" COMPLETE THIS SECTION)

[X] NO [] UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER	OCCUPANT # _____	OCCUPANT # _____
Manufacturer and model of the safety seat?			
Type of safety seat?		<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: <input type="checkbox"/> Unknown
What direction was it facing prior to the crash?		<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown
Was a seat belt used to hold the seat in place?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
How was the seat belt secured to the child seat?		<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
What was the safety seat equipped with at time of purchase?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown
Were any of these added after they owned the safety seat?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown

Describe any additional information here:

INJURY INFORMATION

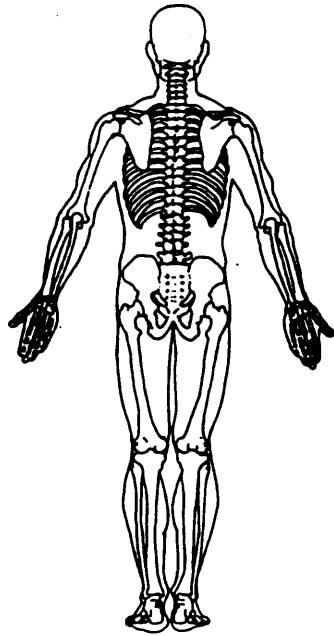
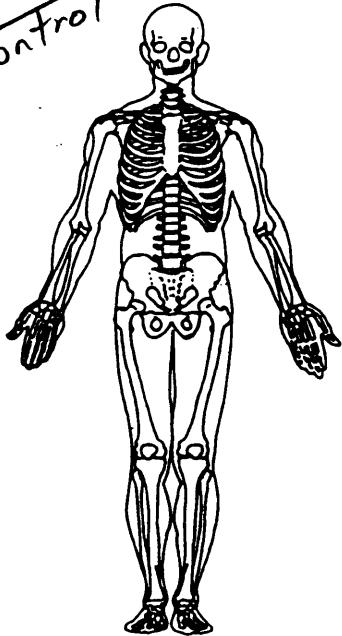
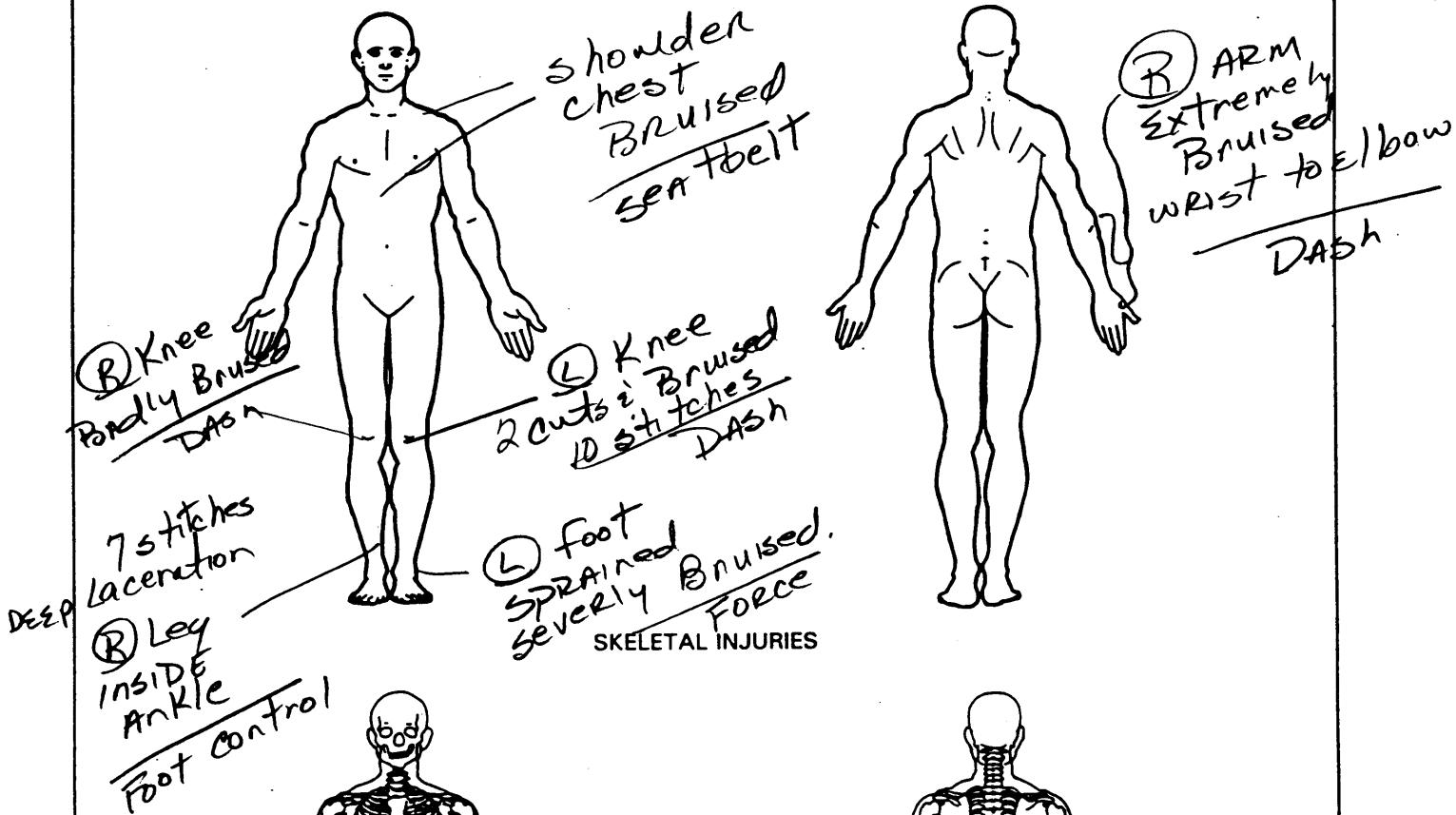
	DRIVER	OCCUPANT #	OCCUPANT #
Were you (or any other occupants) injured? • If "YES" go to manikin page and record injuries in detail • If "NO" ask next questions	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Did you (or any other occupants) receive any of the following: (If any injuries are checked, go to the manikin page and record location, lesion, and source)	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other (specify):
IF YES TO INJURIES, CHECKED IN THE MANIKIN PAGE			
Did you (or any other occupants) receive any medical treatment? (check all that apply)	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown
Were you (or any other occupants) hospitalized?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - number of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - number of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - number of days <input type="checkbox"/> Unknown
Were you (or any other occupants) treated and released from the emergency room?	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Name of medical treatment facility?	Hosp		
Have you (or any other occupants) received any follow-up treatment?	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe: — —	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe: — —	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe: — —
Have you (or any other occupants) lost any days from work or school (college) due to the crash?	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input checked="" type="checkbox"/> Yes - number of days 13 <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - number of days — <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - number of days — <input type="checkbox"/> Unknown
IF REQUIRED: Will you sign a medical release?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown
* If not an in-person interview, make appointment to have release signed	DATE: _____ TIME: _____ PLACE: _____	DATE: _____ TIME: _____ PLACE: _____	DATE: _____ TIME: _____ PLACE: _____

PSU Number 10Case Number—Stratum 9516Vehicle Number 02Occupant Number 01

INJURY DATA FROM INTERVIEWEE(S)

Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____

SOFT TISSUE/INTERNAL INJURIES



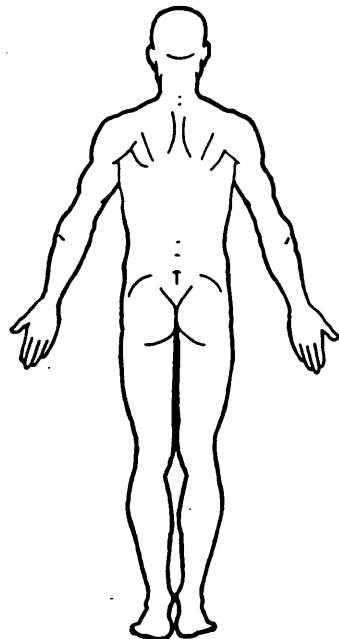
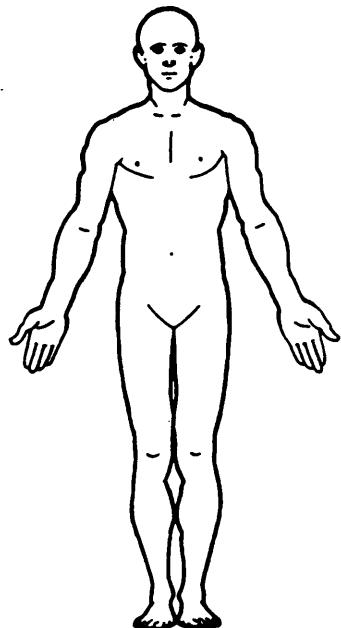
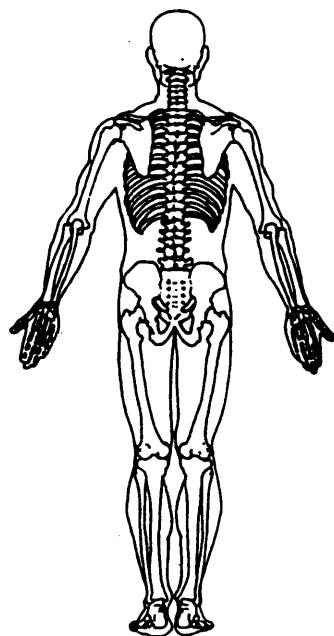
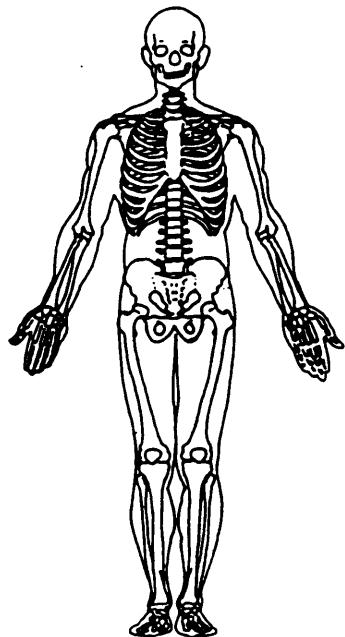
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10

Case Number—Stratum _____

Vehicle Number _____

Occupant Number _____

INJURY DATA FROM INTERVIEWEE(S)Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____**SOFT TISSUE/INTERNAL INJURIES****SKELETAL INJURIES**

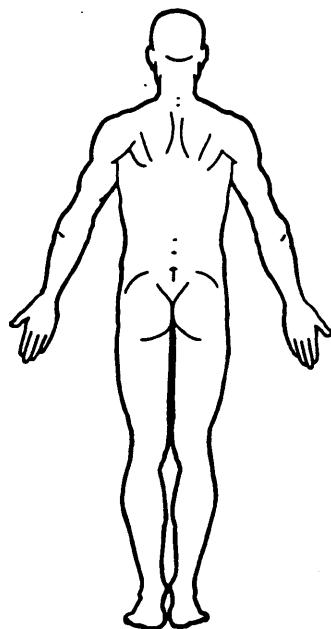
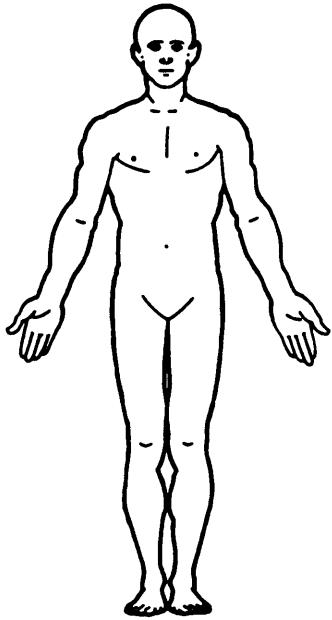
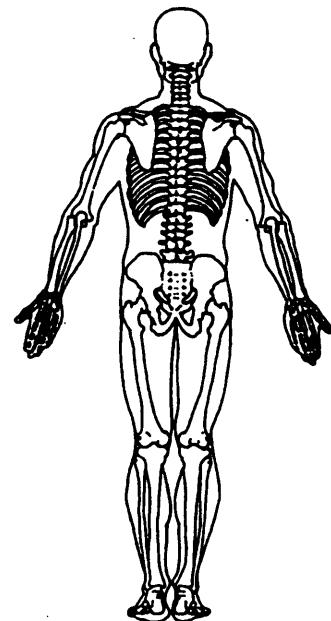
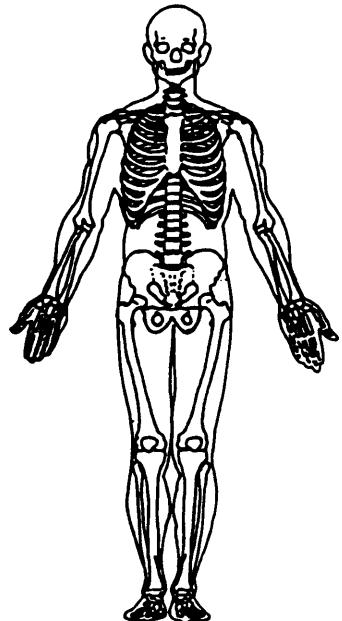
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10

Case Number—Stratum _____

Vehicle Number _____

Occupant Number _____

INJURY DATA FROM INTERVIEWEE(S)Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____**SOFT TISSUE/INTERNAL INJURIES****SKELETAL INJURIES**

The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

Appendix I:

NASS CDS OCCUPANT ASSESSMENT FORM:

CASE VEHICLE DRIVER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number		<u>10</u>
2. Case Number - Stratum		<u>9516</u>
3. Vehicle Number		<u>01</u>
4. Occupant Number		<u>01</u>
OCCUPANT'S CHARACTERISTICS		
5. Occupant's Age		<u>58</u>
Code actual age at time of accident.		
(00) Less than one year old (specify by month):		
(97) 97 years and older		
(99) Unknown		
6. Occupant's Sex		<u>2</u>
(1) Male		
(2) Female-not reported pregnant		
(3) Female-pregnant-1st trimester(1st-3rd month)		
(4) Female-pregnant-2nd trimester(4th-6th month)		
(5) Female-pregnant-3rd trimester(7th-9th month)		
(6) Female-pregnant-term unknown		
(9) Unknown		
7. Occupant's Height		<u>165</u>
Code actual height to the nearest centimeter.		
(999) Unknown		
<u>65</u> inches X 2.54 = <u>165</u> centimeters		
8. Occupant's Weight		<u>064</u>
Code actual weight to the nearest kilogram.		
(999) Unknown		
<u>140</u> pounds X .4536 = <u>63.5</u> kilograms		
9. Occupant's Role		<u>1</u>
(1) Driver		
(2) Passenger		
(9) Unknown		
OCCUPANT'S SEATING		
10. Occupant's Seat Position		<u>11</u>
Front Seat		
(11) Left side		
(12) Middle		
(13) Right side		
(14) Other (specify): _____		
(15) On or in the lap of another occupant		
Second Seat		
(21) Left side		
(22) Middle		
(23) Right side		
(24) Other (specify): _____		
(25) On or in the lap of another occupant		
Third Seat		
(31) Left side		
(32) Middle		
(33) Right side		
(34) Other (specify): _____		
(35) On or in the lap of another occupant		
Fourth Seat		
(41) Left side		
(42) Middle		
(43) Right side		
(44) Other (specify): _____		
(45) On or in the lap of another occupant		
(97) In or on unenclosed area		
(98) Other seat (specify): _____		
(99) Unknown		
11. Occupant's Posture		<u>0</u>
(0) Normal posture		
Abnormal posture		
(1) Kneeling or standing on seat		
(2) Lying on or across seat		
(3) Kneeling, standing or sitting in front of seat		
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window		
(5) Sitting on a console		
(6) Lying back in a reclined seat position		
(7) Bracing with feet or hands on a surface in front of seat		
(8) Other abnormal posture (specify): _____		
(9) Unknown		

EJECTION/ENTRAPMENT**12. Ejection**

- (0) No ejection
(1) Complete ejection
(2) Partial ejection
(3) Ejection, unknown degree
(9) Unknown

13. Ejection Area

- (0) No ejection
(1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear
(7) Roof
(8) Other area (e.g., back of pickup, etc.)
(specify): _____
(9) Unknown

14. Ejection Medium

- (0) No ejection
(1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify):

(5) Integral structure
(8) Other medium (specify):

(9) Unknown

15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
(1) Open
(2) Closed
(3) Integral structure
(9) Unknown

16. Entrapment

- (0) Not entrapped/exit not inhibited
(1) Entrapped/pinned - mechanically restrained
(2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
(9) Unknown

17. Occupant Mobility

- (0) Occupant fatal before removed from vehicle
(1) Removed from vehicle while unconscious or disoriented
(2) Removed from vehicle due to injuries
(3) Exited vehicle with some assistance
(4) Exited vehicle under own power
(5) Occupant fully ejected
(9) Unknown

BELT SYSTEM FUNCTION

<p>18. Manual (Active) Belt System Availability <u>3</u></p> <p>(0) None available (1) Belt removed/destroyed (2) Shoulder belt <i>No upper</i> (3) Lap belt (4) Lap and shoulder belt <i>anchorage</i> (5) Belt available—type unknown <i>attachment</i></p> <p><i>Integral Belt Partially Destroyed</i></p> <p>(6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed) (8) Other belt (specify): _____ (9) Unknown</p> <p>19. Manual (Active) Belt System Use <u>03</u></p> <p>(00) None used, not available, or belt removed/destroyed (01) Inoperative (specify): _____ (02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown (08) Other belt used (specify): (12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat (15) Belt used with child safety seat—type unknown (18) Other belt used with child safety seat (specify): (99) Unknown if belt used</p> <p>20. Proper Use of Manual (Active) Belts <u>9</u></p> <p>(0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat</p> <p><i>Belt Used Improperly</i></p> <p>(3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat (5) Belt worn around more than one person (6) Lap belt worn on abdomen (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): (8) Other improper use of manual belt system (specify): (9) Unknown</p> <p>21. Manual (Active) Belt Failure Modes <u>9</u></p> <p>During Accident</p> <p>(0) No manual belt used or not available (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other manual belt failure (specify): (9) Unknown</p> <p>22. Shoulder Belt Upper Anchorage Adjustment <u>0</u></p> <p>(0) No shoulder belt (1) No upper anchorage adjustment for shoulder belt</p> <p><i>Adjustable shoulder Belt Upper Anchorage</i></p> <p>(2) In full up position (3) In mid position (4) In full down position (5) Position unknown (9) Unknown if position has adjustable upper anchorage adjustment</p> <p>23. Automatic (Passive) Belt System Availability/Function <u>0</u></p> <p>(0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown</p> <p><i>Non-functional</i></p> <p>(4) Automatic belts destroyed or rendered inoperative (9) Unknown</p> <p>24. Automatic (Passive) Belt System Use <u>0</u></p> <p>(0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): (3) Automatic belt use unknown (9) Unknown</p> <p>25. Automatic (Passive) Belt System Type <u>0</u></p> <p>(0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown</p> <p>26. Proper Use of Automatic (Passive) Belt System <u>0</u></p> <p>(0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat</p> <p><i>Automatic Belt Used Improperly</i></p> <p>(3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): (8) Other improper use of automatic belt system (specify): (9) Unknown</p> <p>27. Automatic (Passive) Belt Failure Modes <u>0</u></p> <p>During Accident</p> <p>(0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify): (9) Unknown</p>

POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION
<p>28. Police Reported Belt Use</p> <p>(0) None used (1) Police did not indicate belt use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Automatic belt (8) Other type belt, (specify): _____ (9) Police indicated "unknown"</p>	<p>30. Frontal Air Bag System Availability/Function (This Occupant Position)</p> <p>(0) Not equipped/not available (1) Air bag</p> <p><i>Non-functional</i> (2) Air bag disconnected (specify): _____ (3) Air bag not reinstalled (9) Unknown</p>
<p>29. Police Reported Air Bag Availability/Function</p> <p>(0) No air bag available (1) Police did not indicate air bag availability/function (2) Deployed (3) Not deployed (4) Unknown if deployed (9) Police indicated "unknown"</p>	<p>31. Frontal Air Bag System Deployment (This Occupant Position)</p> <p>(0) Not equipped/not available (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p>
<p>Check the Primary Source Used In Determining Belt Use.</p> <p><input type="checkbox"/> Not equipped/not available/destroyed or rendered inoperative <input type="checkbox"/> Vehicle inspection <input type="checkbox"/> Official injury data <input type="checkbox"/> Driver/occupant interview <input type="checkbox"/> Other (specify): _____ <input checked="" type="checkbox"/> Unknown if belt used</p> <hr/> <hr/> <hr/>	<p>32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position)</p> <p>(0) Not equipped/not available (1) Air bag</p> <p><i>Non-functional</i> (2) Air bag disconnected (specify): _____ (3) Air bag not reinstalled (9) Unknown <i>Specify type of "other" air bag present:</i> _____</p>
	<p>33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position)</p> <p>(0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p>
	<p>34. Are There Indications of Air Bag System Failure? (This Occupant Position)</p> <p>(0) Not equipped/not available (1) No (2) Yes (specify): _____ (9) Unknown</p>

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

<p>35. Had Vehicle Been in Previous Accident(s)? <u>0</u></p> <p>(0) Not equipped/not available (1) No previous accidents Yes (2) Previous accident(s) without deployment(s) (3) One previous accident with deployment (4) More than one previous accident with at least one deployment (8) Previous accidents, unknown deployment status (9) Unknown</p>	<p>40. Longitudinal Component of Delta V For Air Bag Deployment Impact <u>+ - 000</u></p> <p>(_000) Not equipped/not available <i>Code the value of the delta V for the impact that initiated the air bag deployment</i> (_996) Deployment, unknown longitudinal Delta V (_997) Not deployed (_998) Unknown if deployed (_999) Unknown</p>
<p>36. Type of Air Bag <u>0</u></p> <p>(0) Not equipped/not available (1) Original manufacturer installed system (2) Retrofitted air bag (3) Replacement air bag (8) Unknown type of air bag (9) Unknown</p>	<p>41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? <u>0</u></p> <p>(0) Not equipped/not available (1) No (2) Yes (3) Deployed, unknown if flap(s) opened at designated tear points (7) Not deployed (8) Unknown if deployed (9) Unknown</p>
<p>37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? <u>0</u></p> <p>(0) Not equipped/not available (1) No prior maintenance (2) Yes, prior maintenance (specify): <hr/> (9) Unknown</p>	<p>42. Were Air Bag Module Cover Flap(s) Damaged? <u>0</u></p> <p>(0) Not equipped/not available (1) No (2) Yes (specify): (3) Deployed, unknown if air bag module cover flap(s) damaged (7) Not deployed (8) Unknown if deployed (9) Unknown</p>
<p>38. Air Bag Deployment Accident Event Sequence Number <u>00</u></p> <p>(00) Not equipped/not available _____ Code the accident event sequence number that initiated the air bag deployment (96) Deployed, unknown event (97) Not deployed (98) Unknown if deployed (99) Unknown</p>	<p>43. Was There Damage To The Air Bag? <u>00</u></p> <p>(00) Not equipped/not available (01) Not damaged</p> <p><i>Yes - Air Bag Damage</i></p> <p>(02) Ruptured (03) Cut (04) Torn (05) Holed (06) Burned (07) Abraded (88) Other damage (specify): <hr/> (95) Damaged, details unknown (96) Deployed, unknown if damaged (97) Not deployed (98) Unknown if deployed (99) Unknown</p>
<p>39. CDC For Air Bag Deployment Impact <u>0</u></p> <p>(0) Not equipped/not available (1) Highest delta V (2) Second highest delta V (3) Other non-coded delta V (specify): <hr/> (6) Deployed, unknown event (7) Not deployed (8) Unknown if deployed (9) Unknown</p>	

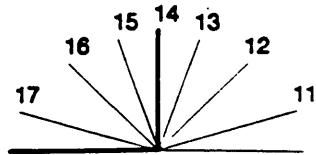
FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION <i>continued</i>		HEAD RESTRAINT AND SEAT EVALUATION	
44. Source of Air Bag Damage	<u>00</u>	49. Head Restraint Type/Damage by Occupant at This Occupant Position	<u>0</u>
(00) Not equipped/not available		(0) No head restraints	
(01) Not damaged		(1) Integral—no damage	
(02) Object worn by occupant, (specify):		(2) Integral—damaged during accident	
(03) Object carried by occupant, (specify):		(3) Adjustable—no damage	
(04) Adaptive/assistive controls, (specify):		(4) Adjustable—damaged during accident	
(05) Fire in vehicle		(5) Add-on—no damage	
(06) Thermal burns		(6) Add-on—damaged during accident	
(07) Rescue or emergency efforts		(7) Other (specify):	
(08) Other damage source (specify):		(8) Unknown	
(95) Damaged, unknown source		50. Seat Type (this Occupant Position)	<u>0 1</u>
(96) Deployed, unknown if damaged		(00) Occupant not seated or no seat	
(97) Not deployed		(01) Bucket	
(98) Unknown if deployed		(02) Bucket with folding back	
(99) Unknown		(03) Bench	
45. Was The Air Bag Tethered?	<u>0</u>	(04) Bench with separate back cushions	
(0) Not equipped/not available		(05) Bench with folding back(s)	
(1) No		(06) Split bench with separate back cushions	
(2) Yes (specify number of tether straps):		(07) Split bench with folding back(s)	
(3) Deployed, unknown if tethered		(08) Pedestal (i.e., column supported)	
(7) Not deployed		(09) Box mounted seat (i.e., van type)	
(8) Unknown if deployed		(10) Other seat type (specify):	
(9) Unknown		(99) Unknown	
46. Did The Air Bag Have Vent Ports?	<u>0</u>	51. Seat Orientation (this Occupant Position)	<u>1</u>
(0) Not equipped/not available		(0) Occupant not seated or no seat	
(1) No		(1) Forward facing seat	
(2) Yes (specify number of vent ports):		(2) Rear facing seat	
(3) Deployed, unknown if vent ports present		(3) Side facing seat (inward)	
(7) Not deployed		(4) Side facing seat (outward)	
(8) Unknown if deployed		(8) Other (specify):	
(9) Unknown		(9) Unknown	
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant?	<u>0</u>	52. Seat Track Adjusted Position Prior To Impact	<u>2</u>
(0) Not equipped/not available		(0) Occupant not seated or no seat	
(1) No		(1) Non-adjustable seat track	
(2) Yes (specify):		<i>Adjustable Seat Track</i>	
(3) Deployed, unknown if other occupant contact to air bag		(2) Seat at forward most track position	
(7) Not deployed		(3) Seat between forward most and middle track positions	
(8) Unknown if deployed		(4) Seat at middle track position	
(9) Unknown		(5) Seat between middle and rear most track positions	
48. Was This Occupant Wearing Eye-wear?	<u>0</u>	(6) Seat at rear most track position	
(0) Not equipped/not available		(9) Unknown	
(1) No			
(2) Eyeglasses/sunglasses			
(3) Contact lenses			
(4) Deployed, unknown if eyewear worn			
(7) Not deployed			
(8) Unknown if deployed			
(9) Unknown			

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 1

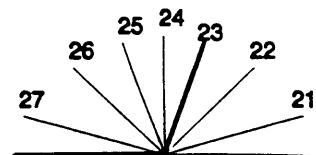
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

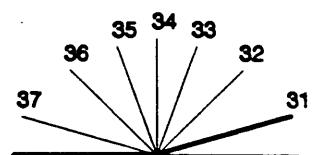
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

*Slightly reclined prior to impact*

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

*Completely reclined prior to impact*

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position
 (99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed
 (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment
 intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT	
<p>55. Child Safety Seat Make/Model <u> 0 0 0 </u></p> <p>(000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify): <u>(998) Unknown make/model</u> <u>(999) Unknown if child safety seat used</u></p> <p>56. Type of Child Safety Seat <u> 0 </u></p> <p>(0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat - with shield (5) Booster seat - without shield (7) Other type child safety seat (specify): <u>(8) Unknown child safety seat type</u> <u>(9) Unknown if child safety seat used</u></p> <p>57. Child Safety Seat Orientation <u> 0 0 </u></p> <p><i>Designed for Rear Facing for This Age/Weight</i> (01) Rear facing (02) Forward facing (08) Other orientation (specify): <u>(09) Unknown orientation</u></p> <p><i>Designed For Forward Facing for This Age/Weight</i> (11) Rear facing (12) Forward facing (18) Other orientation (specify): <u>(19) Unknown orientation</u></p> <p><i>Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight</i> (21) Rear facing (22) Forward facing (28) Other orientation (specify): <u>(29) Unknown orientation</u></p> <p>(99) Unknown if child safety seat used</p>	<p>58. Child Safety Seat Harness Usage <u> 0 0 </u></p> <p>59. Child Safety Seat Shield Usage <u> 0 0 </u></p> <p>60. Child Safety Seat Tether Usage <u> 0 0 </u></p> <p>Note: Options below applicable to Variables OA58-OA60.</p> <p>(00) No child safety seat</p> <p><i>Not Designed With Harness/Shield/Tether</i></p> <p>(01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used</p> <p><i>Designed With Harness/Shield/Tether</i></p> <p>(11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used</p> <p><i>Unknown If Designed With Harness/Shield/Tether</i></p> <p>(21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used</p> <p>(99) Unknown if child safety seat used</p>

INJURY CONSEQUENCES		
<p>61. Injury Severity (Police Rating)</p> <p>(0) O - No injury (1) C - Possible injury (2) B - Nonincapacitating injury (3) A - Incapacitating injury (4) K - Killed (5) U - Injury, severity unknown (6) Died prior to accident (9) Unknown</p>	<p>62. Treatment - Mortality</p> <p>(0) No treatment (1) Fatal (2) Fatal - ruled disease (specify): <hr/></p> <p><i>Nonfatal</i></p> <p>(3) Hospitalization (4) Transported and released (5) Treatment at scene - nontransported (6) Treatment later (7) Treatment - other (specify): <hr/> (8) Transported to a medical facility-unknown if treated (9) Unknown</p>	<p>63. Type Of Medical Facility (for Initial Treatment) <u>5</u></p> <p>(0) Not treated at a medical facility (1) Trauma center (2) Hospital (3) Medical clinic (4) Physician's office (5) Treatment later at medical facility (8) Other (specify): <hr/> (9) Unknown</p>
		<p>64. Hospital Stay <u>00</u></p> <p>(00) Not Hospitalized <hr/>Code the number of days (up through 60) that the occupant stayed in hospital. (61) 61 days or more (99) Unknown</p>
		<p>65. Working Days Lost <u>00</u></p> <p><i>FIRED</i></p> <p>Code the number of days (up through 60) that the occupant lost from work due to the accident</p> <p>(00) No working days lost (61) 61 days or more (62) Fatally injured (97) Not working prior to accident (99) Unknown</p>

STOP WORK HERE

VARIABLES 66-74

TO BE CODED BY THE ZONE CENTER

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****66. Time to Death**

00
 _____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
 (96) Fatal - ruled disease
 (99) Unknown

67. 1st Medically Reported Cause of Death00**68. 2nd Medically Reported Cause of Death**00**69. 3rd Medically Reported Cause of Death**00

_____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
 (00) Not fatal or no additional causes
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

- (97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant01

_____ Code the actual number of injuries recorded for this occupant.
 (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

TRAUMA DATA**71. Glasgow Coma Scale (GCS) Score**

(at Medical Facility)

- (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured

02**72. Was the Occupant Given Blood?**

(1) No - blood not given

- (2) Yes - blood given
 (specify units):
 (9) Unknown if blood given

1**73. Arterial Blood Gases (ABG) - HCO₃**01

- (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported , HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

BELT USE DETERMINATION**74. Primary Source of Belt Use Determination**9

- (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Vehicle inspection
 (2) Official injury data
 (3) Driver/occupant interview
 (8) Other (specify):
 (9) Unknown if belt used

Appendix J:

**NASS CDS OCCUPANT INJURY FORM:
CASE VEHICLE DRIVER**



U.S. Department of Transportation
National Highway Traffic Safety
Administration

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT INJURY FORM

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>9516</u>	4. Occupant Number	<u>01</u>

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	A.I.S. - 90						Injury Source Confidence	Injury Direct/Indirect Level	Occupant Area Intrusion Number		
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect					
Cervical strain ^{1st}	5. <u>7</u>	6. <u>6</u>	7. <u>4</u>	8. <u>03</u>	9. <u>78</u>	10. <u>1</u>	11. <u>6</u>	12. <u>603</u>	13. <u>3</u>	14. <u>3</u>	15. <u>00</u>
Contusion ^{2nd} <i>(R) medial lower leg</i>	16. <u>7</u>	17. <u>8</u>	18. <u>9</u>	19. <u>04</u>	20. <u>02</u>	21. <u>1</u>	22. <u>1</u>	23. <u>163</u>	24. <u>2</u>	25. <u>1</u>	26. <u>00</u>
3rd	27. <u> </u>	28. <u> </u>	29. <u> </u>	30. <u> </u>	31. <u> </u>	32. <u> </u>	33. <u> </u>	34. <u> </u>	35. <u> </u>	36. <u> </u>	37. <u> </u>
4th	38. <u> </u>	39. <u> </u>	40. <u> </u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>	47. <u> </u>	48. <u> </u>
5th	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>
6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>

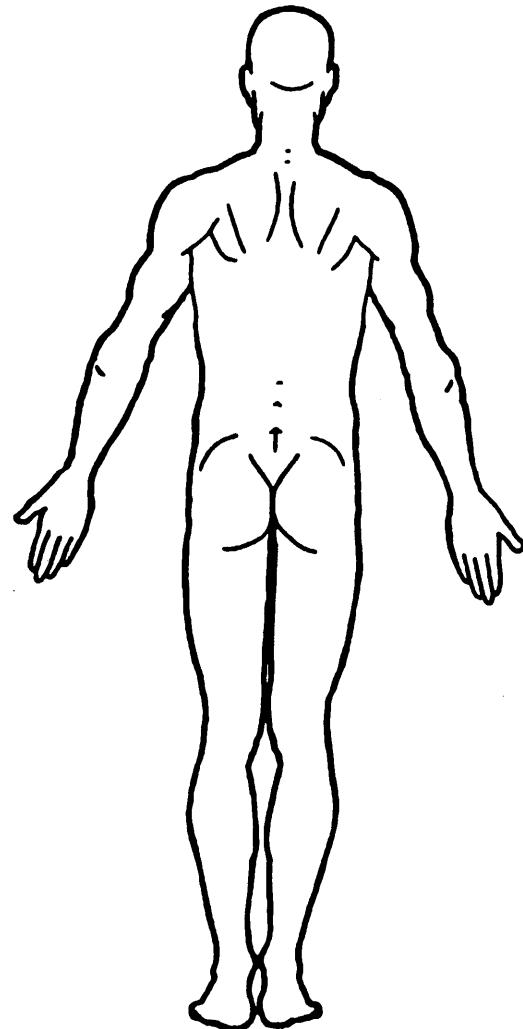
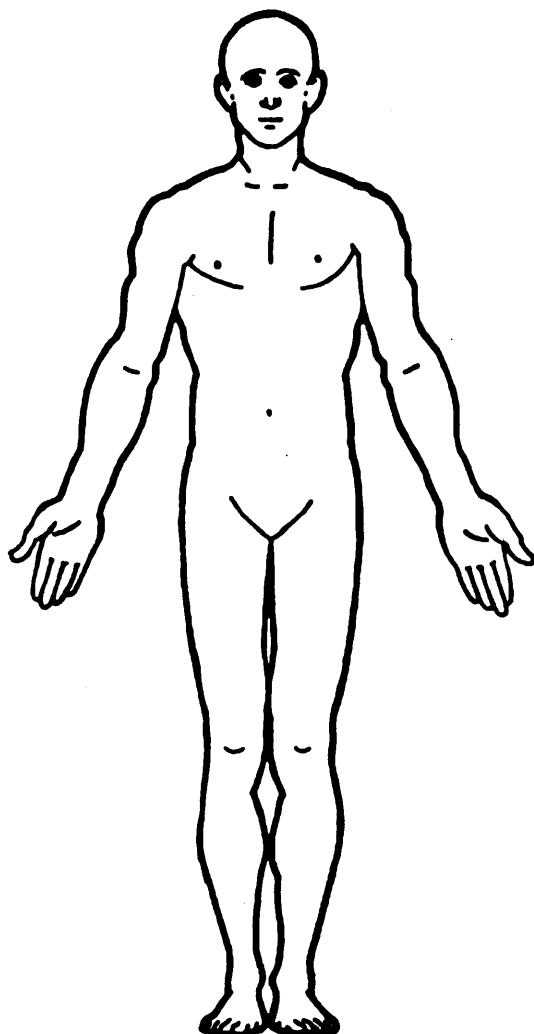
OCCUPANT INJURY DATA

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head (2) Face (3) Neck (4) Thorax (5) Abdomen (6) Spine (7) Upper Extremity (8) Lower Extremity (9) Unspecified	<u>Vessels, Nerves, Organs.</u> <u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02. The exceptions to this rule apply to:	Specific injuries are assigned consecutive two-digit numbers beginning with 02. To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(1) Right (2) Left (3) Bilateral (4) Central (5) Anterior (6) Posterior (7) Superior (8) Inferior (9) Unknown (0) Whole region
Type of Anatomic Structure	<u>Whole Area</u> (02) Skin - Abrasion (04) Skin - Contusion (06) Skin - Laceration (08) Skin - Avulsion (10) Amputation (20) Burn (30) Crush (40) Degloving (50) Injury - NFS (90) Trauma, other than mechanical	Abbreviated Injury Scale	
(1) Whole Area (2) Vessels (3) Nerves (4) Organs (includes Muscles/ligaments) (5) Skeletal (includes joints) (6) Head - LOC (9) Skin	<u>Head - LOC</u> (02) Length of LOC (04) Level (06) of (08) Consciousness (10) Concussion	(1) Minor Injury (2) Moderate Injury (3) Serious Injury (4) Severe Injury (5) Critical Injury (6) Maximum (untreatable) (7) Injured, unknown severity	
	<u>Spine</u> (02) Cervical (04) Thoracic (06) Lumbar		
SOURCE OF INJURY DATA	INJURY SOURCE	DIRECT/INDIRECT INJURY	
	CONFIDENCE LEVEL		
<u>OFFICIAL RECORDS</u> (1) Autopsy records with or without hospital/medical records (2) Hospital/medical records other than emergency room (e.g., discharge summary) (3) Emergency room records only (including associated X-rays or other lab reports) (4) Private physician, walk-in or emergency clinic <u>UNOFFICIAL RECORDS</u> (5) Lay coroner report (6) E.M.S. personnel (7) Interviewee (8) Other source (specify): (9) Police	(1) Certain (2) Probable (3) Possible (9) Unknown	(1) Direct contact injury (2) Indirect contact injury (3) Noncontact injury (7) Injured, unknown source	

OFFICIAL INJURY DATA -- SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

- No
- Yes

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Blood Alcohol Level (mg/dl)

BAL = _____

Glasgow Coma Scale Score

GCSS = _____

Units of Blood Given

Units = _____

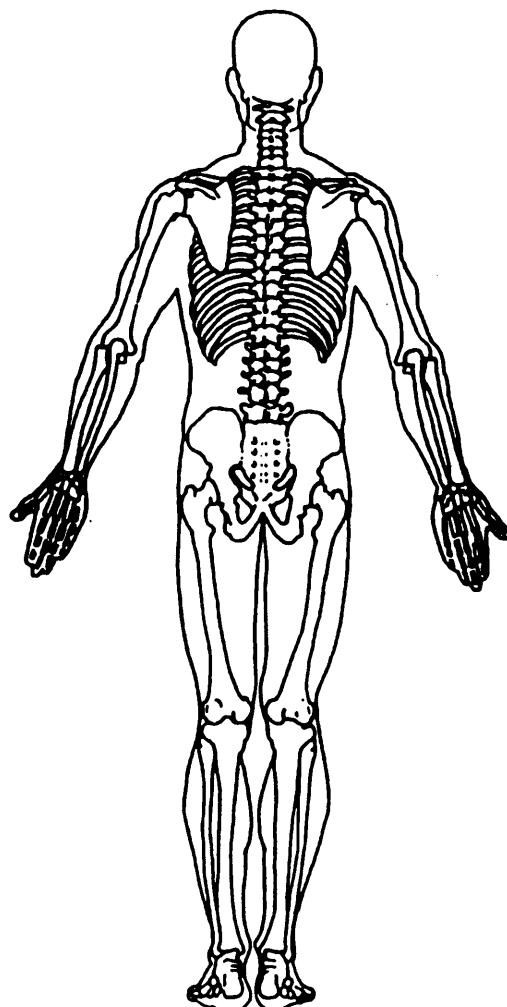
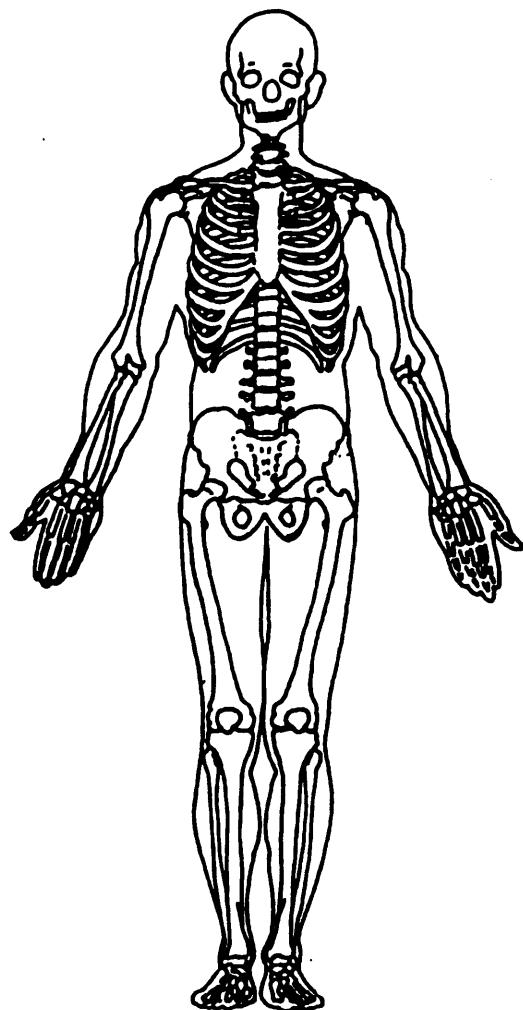
Arterial Blood Gases

pH = _____

PO₂ = _____

PCO₂ = _____

HCO₃ = _____

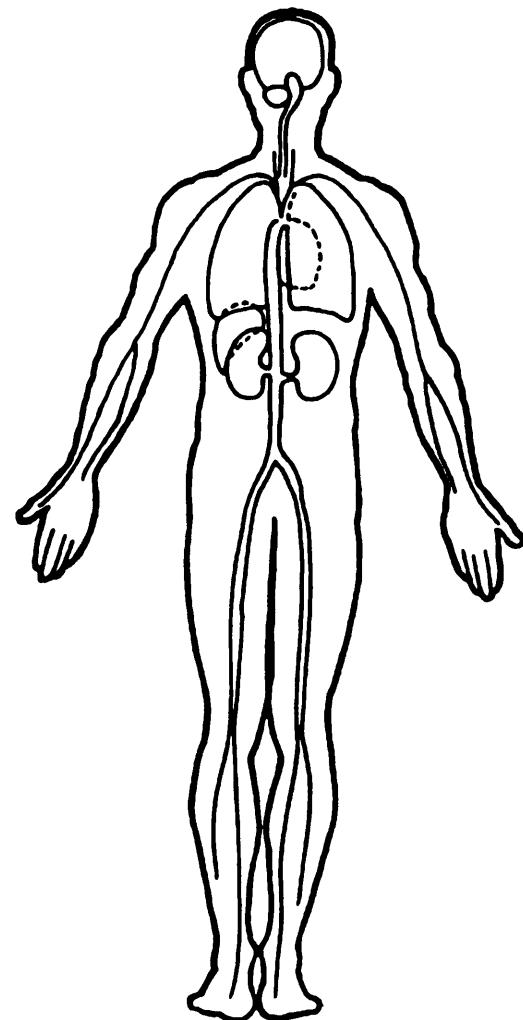
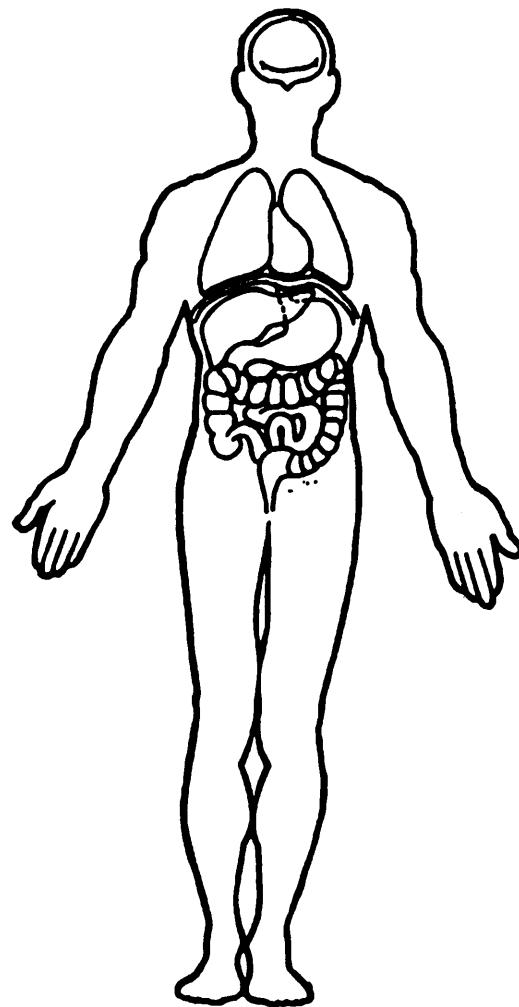


INJURY SOURCES

FRONT	(102) Right side hardware or armrest (103) Right A (A1/A2)-pillar (104) Right B-pillar (105) Other right pillar (specify): INTERIOR (151) Seat, back support (152) Belt restraint webbing/buckle (153) Belt restraint B-pillar or door frame attachment point (154) Other restraint system component (specify): (155) Head restraint system (160) Other occupants (specify): (161) Interior loose objects (162) Child safety seat (specify): (163) Other interior object (specify): <i>Interleg contact of same occupant</i> AIR BAG (170) Air bag-driver side (171) Air bag-driver side and eyewear (172) Air bag-driver side and jewelry (173) Air bag-driver side and object held (174) Air bag-driver side and object in mouth (175) Air bag compartment cover-driver side (176) Air bag compartment cover-driver side and eyewear (177) Air bag compartment cover-driver side and jewelry (178) Air bag compartment cover-driver side and object held (179) Air bag compartment cover-driver side and object in mouth (180) Air bag-passenger side (181) Air bag-passenger side and eyewear (182) Air bag-passenger side and jewelry	(183) Air bag-passenger side and object held (184) Air bag-passenger side and object in mouth (185) Air bag compartment cover-passenger side (186) Air bag compartment cover-passenger side and eyewear (187) Air bag compartment cover-passenger side and jewelry (188) Air bag compartment cover-passenger side and object held (189) Air bag compartment cover-passenger side and object in mouth (190) Other air bag (specify) ROOF (201) Front header (202) Rear header (203) Roof left side rail (204) Roof right side rail (205) Roof or convertible top FLOOR (251) Floor (including toe pan) (252) Floor or console mounted transmission lever, including console (253) Parking brake handle (254) Foot controls including parking brake REAR (301) Backlight (rear window) (302) Backlight storage rack, door, etc. (303) Other rear object (specify): ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT (401) Hand controls for braking/acceleration (402) Steering control devices (attached to OEM steering wheel) (403) Steering knob attached to steering wheel (405) Replacement steering wheel (i.e., reduced diameter) (406) Joy stick steering controls (407) Wheelchair tie-downs (408) Modification to seat belts, (specify): (409) Additional or relocated switches, (specify): (410) Raised roof	(411) Wall mounted head rest (used behind wheel chair) (412) Other adaptive device (specify): EXTERIOR OF OCCUPANT'S VEHICLE (451) Hood (452) Outside hardware (e.g., outside mirror, antenna) (453) Other exterior surface or tires (specify): (454) Unknown exterior objects EXTERIOR OF OTHER MOTOR VEHICLE (501) Front bumper (502) Hood edge (503) Other front of vehicle (specify): (504) Hood (505) Hood ornament (506) Windshield, roof rail, A-pillar (507) Side surface (508) Side mirrors (509) Other side protrusions (specify): (510) Rear surface (511) Undercarriage (512) Tires and wheels (513) Other exterior of other motor vehicle (specify): (514) Unknown exterior of other motor vehicle OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT (551) Ground (598) Other vehicle or object (specify): (599) Unknown vehicle or object NONCONTACT INJURY (601) Fire in vehicle (602) Flying glass (603) Other noncontact injury source (specify): (604) Air bag exhaust gases (697) Injured, unknown source
LEFT SIDE	(051) Left side interior surface, excluding hardware or armrests (052) Left side hardware or armrest (053) Left A (A1/A2)-pillar (054) Left B-pillar (055) Other left pillar (specify): (056) Left side window glass (057) Left side window frame (058) Left side window sill (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail. (060) Other left side object (specify):		
RIGHT SIDE	(101) Right side interior surface, excluding hardware or armrests		

OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



CAUSE OF DEATH

ICD-9-CM

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests		
<input type="checkbox"/> Blood test only		
<input type="checkbox"/> Urine test only		
<input type="checkbox"/> Other test		
<input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
PX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HIP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

Appendix K:

NASS CDS OCCUPANT ASSESSMENT FORMS:

CASE VEHICLE OCCUPANTS

OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9516
3. Vehicle Number 01
4. Occupant Number 02

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 07
Code actual age at time of accident.
(00) Less than one year old (specify by month):
(97) 97 years and older
(99) Unknown

6. Occupant's Sex 1
(1) Male
(2) Female-not reported pregnant
(3) Female-pregnant-1st trimester(1st-3rd month)
(4) Female-pregnant-2nd trimester(4th-6th month)
(5) Female-pregnant-3rd trimester(7th-9th month)
(6) Female-pregnant-term unknown
(9) Unknown

7. Occupant's Height 999
Code actual height to the nearest centimeter.
(999) Unknown

____ inches X 2.54 = ____ centimeters

8. Occupant's Weight 999
Code actual weight to the nearest kilogram.
(999) Unknown

____ pounds X .4536 = ____ kilograms

9. Occupant's Role 2
(1) Driver
(2) Passenger
(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

Front Seat

- (11) Left side
- (12) Middle
- (13) Right side
- (14) Other (specify): _____
- (15) On or in the lap of another occupant

Second Seat

- (21) Left side
- (22) Middle
- (23) Right side
- (24) Other (specify): _____
- (25) On or in the lap of another occupant

Third Seat

- (31) Left side
- (32) Middle
- (33) Right side
- (34) Other (specify): _____
- (35) On or in the lap of another occupant

Fourth Seat

- (41) Left side
- (42) Middle
- (43) Right side
- (44) Other (specify): _____
- (45) On or in the lap of another occupant

(97) In or on unenclosed area

- (98) Other seat (specify): _____
- (99) Unknown

11. Occupant's Posture

(0) Normal posture 9

Abnormal posture

- (1) Kneeling or standing on seat
- (2) Lying on or across seat
- (3) Kneeling, standing or sitting in front of seat
- (4) Sitting sideways or turned to talk with another occupant or to look out a rear window
- (5) Sitting on a console
- (6) Lying back in a reclined seat position
- (7) Bracing with feet or hands on a surface in front of seat
- (8) Other abnormal posture (specify): _____

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection O
- (0) No ejection
 - (1) Complete ejection
 - (2) Partial ejection
 - (3) Ejection, unknown degree
 - (9) Unknown
15. Medium Status (Immediately Prior To Impact) O
- (0) No ejection
 - (1) Open
 - (2) Closed
 - (3) Integral structure
 - (9) Unknown

13. Ejection Area O
- (0) No ejection
 - (1) Windshield
 - (2) Left front
 - (3) Right front
 - (4) Left rear
 - (5) Right rear
 - (6) Rear
 - (7) Roof
 - (8) Other area (e.g., back of pickup, etc.)
(specify): _____
 - (9) Unknown
16. Entrapment O
- (0) Not entrapped/exit not inhibited
 - (1) Entrapped/pinned - mechanically restrained
 - (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
 - (9) Unknown

14. Ejection Medium O
- (0) No ejection
 - (1) Door/hatch/tailgate
 - (2) Nonfixed roof structure
 - (3) Fixed glazing
 - (4) Nonfixed glazing (specify):

(5) Integral structure
(8) Other medium (specify):

(9) Unknown
17. Occupant Mobility 9
- (0) Occupant fatal before removed from vehicle
 - (1) Removed from vehicle while unconscious or disoriented
 - (2) Removed from vehicle due to injuries
 - (3) Exited vehicle with some assistance
 - (4) Exited vehicle under own power
 - (5) Occupant fully ejected
 - (9) Unknown

BELT SYSTEM FUNCTION

- | | |
|--|--|
| <p>18. Manual (Active) Belt System Availability</p> <ul style="list-style-type: none"> (0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown <p><i>Integral Belt Partially Destroyed</i></p> <ul style="list-style-type: none"> (6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed) (8) Other belt (specify): _____ (9) Unknown <p>19. Manual (Active) Belt System Use</p> <ul style="list-style-type: none"> (00) None used, not available, or belt removed/destroyed (01) Inoperative (specify):
_____ (02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown (08) Other belt used (specify):
_____ (12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat (15) Belt used with child safety seat—type unknown (18) Other belt used with child safety seat (specify):
_____ (99) Unknown if belt used <p>20. Proper Use of Manual (Active) Belts</p> <ul style="list-style-type: none"> (0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat <p><i>Belt Used Improperly</i></p> <ul style="list-style-type: none"> (3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat (5) Belt worn around more than one person (6) Lap belt worn on abdomen (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
_____ (8) Other improper use of manual belt system (specify):
_____ (9) Unknown <p>21. Manual (Active) Belt Failure Modes
During Accident</p> <ul style="list-style-type: none"> (0) No manual belt used or not available (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify):
_____ (6) Broken retractor (7) Combination of above (specify):
_____ (8) Other manual belt failure (specify):
_____ (9) Unknown | <p>22. Shoulder Belt Upper Anchorage Adjustment</p> <ul style="list-style-type: none"> (0) No shoulder belt (1) No upper anchorage adjustment for shoulder belt <p><i>Adjustable shoulder Belt Upper Anchorage</i></p> <ul style="list-style-type: none"> (2) In full up position (3) In mid position (4) In full down position (5) Position unknown (9) Unknown if position has adjustable upper anchorage adjustment <p>23. Automatic (Passive) Belt System Availability/
Function</p> <ul style="list-style-type: none"> (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown <p><i>Non-functional</i></p> <ul style="list-style-type: none"> (4) Automatic belts destroyed or rendered inoperative (9) Unknown <p>24. Automatic (Passive) Belt System Use</p> <ul style="list-style-type: none"> (0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
_____ (3) Automatic belt use unknown (9) Unknown <p>25. Automatic (Passive) Belt System Type</p> <ul style="list-style-type: none"> (0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown <p>26. Proper Use of Automatic (Passive)
Belt System</p> <ul style="list-style-type: none"> (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat <p><i>Automatic Belt Used Improperly</i></p> <ul style="list-style-type: none"> (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
_____ (8) Other improper use of automatic belt system (specify):
_____ (9) Unknown <p>27. Automatic (Passive) Belt Failure Modes
During Accident</p> <ul style="list-style-type: none"> (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify):
_____ (6) Broken retractor (7) Combination of above (specify):
_____ (8) Other automatic belt failure (specify):
_____ (9) Unknown |
|--|--|

POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION
<p>28. Police Reported Belt Use O</p> <p>(0) None used (1) Police did not indicate belt use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Automatic belt (8) Other type belt, (specify): (9) Police indicated "unknown"</p> <p>29. Police Reported Air Bag Availability/Function /</p> <p>(0) No air bag available (1) Police did not indicate air bag availability/function (2) Deployed (3) Not deployed (4) Unknown if deployed (9) Police indicated "unknown"</p>	<p>30. Frontal Air Bag System Availability/Function (This Occupant Position) O</p> <p>(0) Not equipped/not available (1) Air bag <i>Non-functional</i> (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown</p> <p>31. Frontal Air Bag System Deployment (This Occupant Position) O</p> <p>(0) Not equipped/not available (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p>
<p>Check the Primary Source Used In Determining Belt Use.</p> <p><input checked="" type="checkbox"/> Not equipped/not available/destroyed or rendered inoperative <input type="checkbox"/> Vehicle inspection <input type="checkbox"/> Official injury data <input type="checkbox"/> Driver/occupant interview <input type="checkbox"/> Other (specify): (9) Unknown if belt used</p> <hr/> <hr/> <hr/>	<p>32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) O</p> <p>(0) Not equipped/not available (1) Air bag <i>Non-functional</i> (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown <i>Specify type of "other" air bag present:</i></p> <p>33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) O</p> <p>(0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p> <p>34. Are There Indications of Air Bag System Failure? (This Occupant Position) O</p> <p>(0) Not equipped/not available (1) No (2) Yes (specify): (9) Unknown</p>

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

<p>35. Had Vehicle Been in Previous Accident(s)? <u>0</u></p> <p>(0) Not equipped/not available (1) No previous accidents</p>	<p>40. Longitudinal Component of Delta V For Air Bag Deployment Impact <u>+ - 0 0 0</u></p> <p>(_000) Not equipped/not available <i>Code the value of the delta V for the impact that initiated the air bag deployment</i> (_996) Deployment, unknown longitudinal Delta V (_997) Not deployed (_998) Unknown if deployed (_999) Unknown</p>
<p>Yes (2) Previous accident(s) without deployment(s) (3) One previous accident with deployment (4) More than one previous accident with at least one deployment (8) Previous accidents, unknown deployment status (9) Unknown</p>	
<p>36. Type of Air Bag <u>0</u></p> <p>(0) Not equipped/not available (1) Original manufacturer installed system (2) Retrofitted air bag (3) Replacement air bag (8) Unknown type of air bag (9) Unknown</p>	<p>41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? <u>0</u></p> <p>(0) Not equipped/not available (1) No (2) Yes (3) Deployed, unknown if flap(s) opened at designated tear points (7) Not deployed (8) Unknown if deployed (9) Unknown</p>
<p>37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? <u>0</u></p> <p>(0) Not equipped/not available (1) No prior maintenance (2) Yes, prior maintenance (specify): _____ (9) Unknown</p>	<p>42. Were Air Bag Module Cover Flap(s) Damaged? <u>0</u></p> <p>(0) Not equipped/not available (1) No (2) Yes (specify): _____ (3) Deployed, unknown if air bag module cover flap(s) damaged (7) Not deployed (8) Unknown if deployed (9) Unknown</p>
<p>38. Air Bag Deployment Accident Event Sequence Number <u>0 0</u></p> <p>(00) Not equipped/not available _____ Code the accident event sequence number that initiated the air bag deployment (96) Deployed, unknown event (97) Not deployed (98) Unknown if deployed (99) Unknown</p>	<p>43. Was There Damage To The Air Bag? <u>0 0</u></p> <p>(00) Not equipped/not available (01) Not damaged</p> <p>Yes - Air Bag Damage (02) Ruptured (03) Cut (04) Torn (05) Holed (06) Burned (07) Abraded (88) Other damage (specify): _____</p>
<p>39. CDC For Air Bag Deployment Impact <u>0</u></p> <p>(0) Not equipped/not available (1) Highest delta V (2) Second highest delta V (3) Other non-coded delta V (specify): _____ (6) Deployed, unknown event (7) Not deployed (8) Unknown if deployed (9) Unknown</p>	<p>(95) Damaged, details unknown (96) Deployed, unknown if damaged (97) Not deployed (98) Unknown if deployed (99) Unknown</p>

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION *continued***

44. Source of Air Bag Damage O O
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):

 (03) Object carried by occupant, (specify):

 (04) Adaptive/assistive controls, (specify):

 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (08) Other damage source (specify):

 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? O
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):

 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? O
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):

 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position
Contacted by Another Occupant? O
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

 (3) Deployed, unknown if other occupant contact
to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? O
 (0) Not equipped/not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

49. Head Restraint Type/Damage by Occupant
at This Occupant Position O
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):

 (9) Unknown
50. Seat Type (this Occupant Position) / O
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
School bus bench
 (99) Unknown
51. Seat Orientation (this Occupant Position) /
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):

 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact /
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track

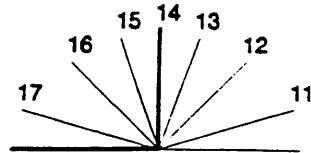
Adjustable Seat Track
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track
positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track
positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued***53. Seat Back Incline Prior and Post Impact**0 /

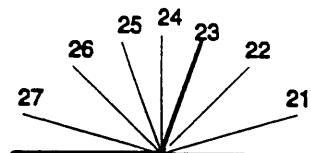
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

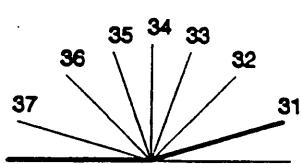
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

*Slightly reclined prior to impact*

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

*Completely reclined prior to impact*

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position
 (99) Unknown

**54. Seat Performance (this Occupant Position)**/

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed
 (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment
 intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT		
<p>55. Child Safety Seat Make/Model <u> O O O </u> (000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify): <u>(998) Unknown make/model</u> <u>(999) Unknown if child safety seat used</u></p> <p>56. Type of Child Safety Seat <u> O </u> (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat - with shield (5) Booster seat - without shield (7) Other type child safety seat (specify): <u>(8) Unknown child safety seat type</u> <u>(9) Unknown if child safety seat used</u></p> <p>57. Child Safety Seat Orientation <u> O O </u> <i>Designed for Rear Facing for This Age/Weight</i> (01) Rear facing (02) Forward facing (08) Other orientation (specify): <u>(09) Unknown orientation</u> <i>Designed For Forward Facing for This Age/Weight</i> (11) Rear facing (12) Forward facing (18) Other orientation (specify): <u>(19) Unknown orientation</u> <i>Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight</i> (21) Rear facing (22) Forward facing (28) Other orientation (specify): <u>(29) Unknown orientation</u> (99) Unknown if child safety seat used</p>	<p>58. Child Safety Seat Harness Usage <u> O O </u> 59. Child Safety Seat Shield Usage <u> O O </u> 60. Child Safety Seat Tether Usage <u> O O </u> <small>Note: Options below applicable to Variables OA58-OA60.</small> (00) No child safety seat <i>Not Designed With Harness/Shield/Tether</i> (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used <i>Designed With Harness/Shield/Tether</i> (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used <i>Unknown If Designed With Harness/Shield/Tether</i> (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used (99) Unknown if child safety seat used</p>	

INJURY CONSEQUENCES**61. Injury Severity (Police Rating)**

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

2**63. Type Of Medical Facility (for Initial Treatment)**2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

4**64. Hospital Stay**

- (00) Not Hospitalized

Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

0 0**65. Working Days Lost**

- _____
Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

9 7**STOP WORK HERE****VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA****66. Time to Death**

 Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
 (96) Fatal - ruled disease
 (99) Unknown

 2**67. 1st Medically Reported Cause of Death** 1**68. 2nd Medically Reported Cause of Death** **69. 3rd Medically Reported Cause of Death** 1

 Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 1

 Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score

(at Medical Facility)

 2

- (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured

72. Was the Occupant Given Blood?

(1) No - blood not given

(2) Yes - blood given

(specify units): _____

(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 1

- (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported , HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

BELT USE DETERMINATION**74. Primary Source of Belt Use Determination** 0

- (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Vehicle inspection
 (2) Official injury data
 (3) Driver/occupant interview
 (8) Other (specify): _____
 (9) Unknown if belt used

OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9516
3. Vehicle Number 01
4. Occupant Number 03

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 07
Code actual age at time of accident.
(00) Less than one year old (specify by month):

(97) 97 years and older
(99) Unknown

6. Occupant's Sex 2
(1) Male
(2) Female-not reported pregnant
(3) Female-pregnant-1st trimester(1st-3rd month)
(4) Female-pregnant-2nd trimester(4th-6th month)
(5) Female-pregnant-3rd trimester(7th-9th month)
(6) Female-pregnant-term unknown
(9) Unknown

7. Occupant's Height 999
Code actual height to the nearest centimeter.
(999) Unknown

— inches X 2.54 = — centimeters

8. Occupant's Weight 999
Code actual weight to the nearest kilogram.
(999) Unknown

— pounds X .4536 = — kilograms

9. Occupant's Role 2
(1) Driver
(2) Passenger
(9) Unknown

10. Occupant's Seat Position
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify): _____
(15) On or in the lap of another occupant

- Second Seat*
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify): _____
(25) On or in the lap of another occupant

- Third Seat*
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify): _____
(35) On or in the lap of another occupant

- Fourth Seat*
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify): _____
(45) On or in the lap of another occupant

- (97) In or on unenclosed area
(98) Other seat (specify): _____
(99) Unknown

11. Occupant's Posture 9
(0) Normal posture

Abnormal posture
(1) Kneeling or standing on seat
(2) Lying on or across seat
(3) Kneeling, standing or sitting in front of seat
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window
(5) Sitting on a console
(6) Lying back in a reclined seat position
(7) Bracing with feet or hands on a surface in front of seat
(8) Other abnormal posture (specify): _____
(9) Unknown

EJECTION/ENTRAPMENT

- | | |
|---|--|
| <p>12. Ejection 0</p> <p>(0) No ejection
 (1) Complete ejection
 (2) Partial ejection
 (3) Ejection, unknown degree
 (9) Unknown</p> <p>13. Ejection Area 0</p> <p>(0) No ejection
 (1) Windshield
 (2) Left front
 (3) Right front
 (4) Left rear
 (5) Right rear
 (6) Rear
 (7) Roof
 (8) Other area (e.g., back of pickup, etc.)
 (specify): _____
 (9) Unknown</p> <p>14. Ejection Medium 0</p> <p>(0) No ejection
 (1) Door/hatch/tailgate
 (2) Nonfixed roof structure
 (3) Fixed glazing
 (4) Nonfixed glazing (specify):

 (5) Integral structure
 (8) Other medium (specify):

 (9) Unknown</p> | <p>15. Medium Status (Immediately Prior To Impact) 0</p> <p>(0) No ejection
 (1) Open
 (2) Closed
 (3) Integral structure
 (9) Unknown</p> <p>16. Entrapment 0</p> <p>(0) Not entrapped/exit not inhibited
 (1) Entrapped/pinned - mechanically restrained
 (2) Could not exit vehicle due to jammed doors, fire, etc.
 (specify): _____
 (9) _____</p> <p>17. Occupant Mobility 9</p> <p>(0) Occupant fatal before removed from vehicle
 (1) Removed from vehicle while unconscious or disoriented
 (2) Removed from vehicle due to injuries
 (3) Exited vehicle with some assistance
 (4) Exited vehicle under own power
 (5) Occupant fully ejected
 (9) Unknown</p> |
|---|--|

BELT SYSTEM FUNCTION

<p>18. Manual (Active) Belt System Availability</p> <p>(0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown</p> <p><i>Integral Belt Partially Destroyed</i></p> <p>(6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed) (8) Other belt (specify): _____ (9) Unknown</p>	<input type="radio"/>	<p>22. Shoulder Belt Upper Anchorage Adjustment</p> <p>(0) No shoulder belt (1) No upper anchorage adjustment for shoulder belt</p> <p><i>Adjustable shoulder Belt Upper Anchorage</i></p> <p>(2) In full up position (3) In mid position (4) In full down position (5) Position unknown (9) Unknown if position has adjustable upper anchorage adjustment</p>	<input type="radio"/>
<p>19. Manual (Active) Belt System Use</p> <p>(00) None used, not available, or belt removed/destroyed (01) Inoperative (specify): _____ (02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown (08) Other belt used (specify): (12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat (15) Belt used with child safety seat—type unknown (18) Other belt used with child safety seat (specify): (99) Unknown if belt used</p>	<input type="radio"/>	<p>23. Automatic (Passive) Belt System Availability/Function</p> <p>(0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown</p> <p><i>Non-functional</i></p> <p>(4) Automatic belts destroyed or rendered inoperative (9) Unknown</p>	<input type="radio"/>
<p>20. Proper Use of Manual (Active) Belts</p> <p>(0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat</p> <p><i>Belt Used Improperly</i></p> <p>(3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat (5) Belt worn around more than one person (6) Lap belt worn on abdomen (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): (8) Other improper use of manual belt system (specify): (9) Unknown</p>	<input type="radio"/>	<p>24. Automatic (Passive) Belt System Use</p> <p>(0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): (3) Automatic belt use unknown (9) Unknown</p>	<input type="radio"/>
<p>21. Manual (Active) Belt Failure Modes During Accident</p> <p>(0) No manual belt used or not available (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other manual belt failure (specify): (9) Unknown</p>	<input type="radio"/>	<p>25. Automatic (Passive) Belt System Type</p> <p>(0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown</p> <p>26. Proper Use of Automatic (Passive) Belt System</p> <p>(0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat</p> <p><i>Automatic Belt Used Improperly</i></p> <p>(3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): (8) Other improper use of automatic belt system (specify): (9) Unknown</p>	<input type="radio"/>
	<input type="radio"/>	<p>27. Automatic (Passive) Belt Failure Modes During Accident</p> <p>(0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify): (9) Unknown</p>	<input type="radio"/>

POLICE REPORTED RESTRAINT USE		AIR BAG SYSTEM FUNCTION
28. Police Reported Belt Use	<u>O</u>	30. Frontal Air Bag System Availability/Function (This Occupant Position)
(0) None used		(0) Not equipped/not available
(1) Police did not indicate belt use		(1) Air bag
(2) Shoulder belt		<i>Non-functional</i>
(3) Lap belt		(2) Air bag disconnected (specify):
(4) Lap and shoulder belt		(3) Air bag not reinstalled
(5) Belt used, type not specified		(9) Unknown
(6) Child safety seat		31. Frontal Air Bag System Deployment (This Occupant Position)
(7) Automatic belt		(0) Not equipped/not available
(8) Other type belt, (specify):		(1) Deployed during accident (as a result of impact)
(9) Police indicated "unknown"		(2) Deployed inadvertently just prior to accident
29. Police Reported Air Bag Availability/Function	<u>/</u>	(3) Deployed, details unknown
(0) No air bag available		(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(1) Police did not indicate air bag availability/function		(5) Unknown if deployed
(2) Deployed		(7) Nondeployed
(3) Not deployed		(9) Unknown
(4) Unknown if deployed		32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position)
(9) Police indicated "unknown"		(0) Not equipped/not available
Check the Primary Source Used In Determining Belt Use.		
<input checked="" type="checkbox"/> Not equipped/not available/destroyed or rendered inoperative		(1) Air bag
<input type="checkbox"/> Vehicle inspection		<i>Non-functional</i>
<input type="checkbox"/> Official injury data		(2) Air bag disconnected (specify):
<input type="checkbox"/> Driver/occupant interview		(3) Air bag not reinstalled
<input type="checkbox"/> Other (specify):		(9) Unknown
<input type="checkbox"/> Unknown if belt used		<i>Specify type of "other" air bag present:</i>
<hr/> <hr/> <hr/>		
33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position)	<u>O</u>	(0) Not equipped with an "other" air bag
(1) Deployed during accident (as a result of impact)		(1) Deployed during accident (as a result of impact)
(2) Deployed inadvertently just prior to accident		(2) Deployed inadvertently just prior to accident
(3) Deployed, details unknown		(3) Deployed, details unknown
(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)		(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(5) Unknown if deployed		(5) Unknown if deployed
(7) Nondeployed		(7) Nondeployed
(9) Unknown		(9) Unknown
34. Are There Indications of Air Bag System Failure? (This Occupant Position)	<u>O</u>	(0) Not equipped/not available
(1) No		(1) No
(2) Yes (specify):		(2) Yes (specify):
(9) Unknown		(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

<p>35. Had Vehicle Been in Previous Accident(s)? <u>O</u></p> <p>(0) Not equipped/not available (1) No previous accidents</p>	<p>40. Longitudinal Component of Delta V For Air Bag Deployment Impact <u>+ - O O O</u></p> <p>(_000) Not equipped/not available <i>Code the value of the delta V for the impact that initiated the air bag deployment</i> (_996) Deployment, unknown longitudinal Delta V (_997) Not deployed (_998) Unknown if deployed (_999) Unknown</p>
<p>Yes (2) Previous accident(s) without deployment(s) (3) One previous accident with deployment (4) More than one previous accident with at least one deployment (8) Previous accidents, unknown deployment status (9) Unknown</p>	
<p>36. Type of Air Bag <u>O</u></p> <p>(0) Not equipped/not available (1) Original manufacturer installed system (2) Retrofitted air bag (3) Replacement air bag (8) Unknown type of air bag (9) Unknown</p>	<p>41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? <u>O</u></p> <p>(0) Not equipped/not available (1) No (2) Yes (3) Deployed, unknown if flap(s) opened at designated tear points (7) Not deployed (8) Unknown if deployed (9) Unknown</p>
<p>37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? <u>O</u></p> <p>(0) Not equipped/not available (1) No prior maintenance (2) Yes, prior maintenance (specify): _____ (9) Unknown</p>	<p>42. Were Air Bag Module Cover Flap(s) Damaged? <u>O</u></p> <p>(0) Not equipped/not available (1) No (2) Yes (specify): _____ (3) Deployed, unknown if air bag module cover flap(s) damaged (7) Not deployed (8) Unknown if deployed (9) Unknown</p>
<p>38. Air Bag Deployment Accident Event Sequence Number <u>O O</u></p> <p>(00) Not equipped/not available _____ Code the accident event sequence number that initiated the air bag deployment (96) Deployed, unknown event (97) Not deployed (98) Unknown if deployed (99) Unknown</p>	<p>43. Was There Damage To The Air Bag? <u>O O</u></p> <p>(00) Not equipped/not available (01) Not damaged</p> <p><i>Yes - Air Bag Damage</i></p> <p>(02) Ruptured (03) Cut (04) Torn (05) Holed (06) Burned (07) Abraded (88) Other damage (specify): _____</p>
<p>39. CDC For Air Bag Deployment Impact <u>O</u></p> <p>(0) Not equipped/not available (1) Highest delta V (2) Second highest delta V (3) Other non-coded delta V (specify): _____ (6) Deployed, unknown event (7) Not deployed (8) Unknown if deployed (9) Unknown</p>	<p>(95) Damaged, details unknown (96) Deployed, unknown if damaged (97) Not deployed (98) Unknown if deployed (99) Unknown</p>

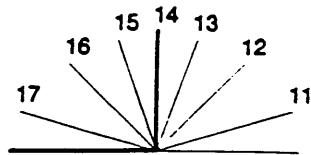
FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION <i>continued</i>		HEAD RESTRAINT AND SEAT EVALUATION	
44. Source of Air Bag Damage	<input type="radio"/> <input checked="" type="radio"/>	49. Head Restraint Type/Damage by Occupant at This Occupant Position	<input type="radio"/>
(00) Not equipped/not available		(0) No head restraints	
(01) Not damaged		(1) Integral—no damage	
(02) Object worn by occupant, (specify): <hr/>		(2) Integral—damaged during accident	
(03) Object carried by occupant, (specify): <hr/>		(3) Adjustable—no damage	
(04) Adaptive/assistive controls, (specify): <hr/>		(4) Adjustable—damaged during accident	
(05) Fire in vehicle		(5) Add-on—no damage	
(06) Thermal burns		(6) Add-on—damaged during accident	
(07) Rescue or emergency efforts		(7) Other (specify): <hr/>	
(08) Other damage source (specify): <hr/>		(8) Unknown	
(95) Damaged, unknown source		50. Seat Type (this Occupant Position)	<input type="radio"/> <input checked="" type="radio"/>
(96) Deployed, unknown if damaged		(00) Occupant not seated or no seat	
(97) Not deployed		(01) Bucket	
(98) Unknown if deployed		(02) Bucket with folding back	
(99) Unknown		(03) Bench	
45. Was The Air Bag Tethered?	<input type="radio"/>	(04) Bench with separate back cushions	
(0) Not equipped/not available		(05) Bench with folding back(s)	
(1) No		(06) Split bench with separate back cushions	
(2) Yes (specify number of tether straps): <hr/>		(07) Split bench with folding back(s)	
(3) Deployed, unknown if tethered		(08) Pedestal (i.e., column supported)	
(7) Not deployed		(09) Box mounted seat (i.e., van type)	
(8) Unknown if deployed		(10) Other seat type (specify): <u>School bus bench</u>	
(9) Unknown		(99) Unknown	
46. Did The Air Bag Have Vent Ports?	<input type="radio"/>	51. Seat Orientation (this Occupant Position)	<input type="radio"/>
(0) Not equipped/not available		(0) Occupant not seated or no seat	
(1) No		(1) Forward facing seat	
(2) Yes (specify number of vent ports): <hr/>		(2) Rear facing seat	
(3) Deployed, unknown if vent ports present		(3) Side facing seat (inward)	
(7) Not deployed		(4) Side facing seat (outward)	
(8) Unknown if deployed		(8) Other (specify): <hr/>	
(9) Unknown		(9) Unknown	
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant?	<input type="radio"/>	52. Seat Track Adjusted Position Prior To Impact	<input type="radio"/> <input checked="" type="radio"/>
(0) Not equipped/not available		(0) Occupant not seated or no seat	
(1) No		(1) Non-adjustable seat track	
(2) Yes (specify): <hr/>		<i>Adjustable Seat Track</i>	
(3) Deployed, unknown if other occupant contact to air bag		(2) Seat at forward most track position	
(7) Not deployed		(3) Seat between forward most and middle track positions	
(8) Unknown if deployed		(4) Seat at middle track position	
(9) Unknown		(5) Seat between middle and rear most track positions	
48. Was This Occupant Wearing Eye-wear?	<input type="radio"/>	(6) Seat at rear most track position	
(0) Not equipped/not available		(9) Unknown	
(1) No			
(2) Eyeglasses/sunglasses			
(3) Contact lenses			
(4) Deployed, unknown if eyewear worn			
(7) Not deployed			
(8) Unknown if deployed			
(9) Unknown			

HEAD RESTRAINT AND SEAT EVALUATION *continued***53. Seat Back Incline Prior and Post Impact**0 /

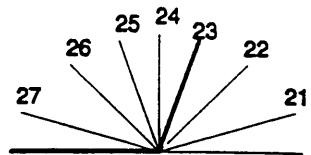
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

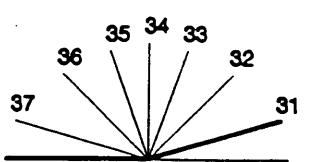
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

*Slightly reclined prior to impact*

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

*Completely reclined prior to impact*

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position
 (99) Unknown

**54. Seat Performance (this Occupant Position)**1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed
 (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment
 intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT		
55. Child Safety Seat Make/Model (000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify): _____ (998) Unknown make/model (999) Unknown if child safety seat used	58. Child Safety Seat Harness Usage <u> 0 0 </u>	58. Child Safety Seat Harness Usage <u> 0 0 </u>
56. Type of Child Safety Seat (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat - with shield (5) Booster seat - without shield (7) Other type child safety seat (specify): _____ (8) Unknown child safety seat type (9) Unknown if child safety seat used	59. Child Safety Seat Shield Usage <u> 0 0 </u>	59. Child Safety Seat Shield Usage <u> 0 0 </u>
57. Child Safety Seat Orientation (00) No child safety seat <i>Designed for Rear Facing for This Age/Weight</i> (01) Rear facing (02) Forward facing (08) Other orientation (specify): _____ (09) Unknown orientation <i>Designed For Forward Facing for This Age/Weight</i> (11) Rear facing (12) Forward facing (18) Other orientation (specify): _____ (19) Unknown orientation <i>Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight</i> (21) Rear facing (22) Forward facing (28) Other orientation (specify): _____ (29) Unknown orientation (99) Unknown if child safety seat used	60. Child Safety Seat Tether Usage <u> 0 0 </u>	60. Child Safety Seat Tether Usage <u> 0 0 </u>
	Note: Options below applicable to Variables OA58-OA60. (00) No child safety seat <i>Not Designed With Harness/Shield/Tether</i> (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used <i>Designed With Harness/Shield/Tether</i> (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used <i>Unknown If Designed With Harness/Shield/Tether</i> (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used (99) Unknown if child safety seat used	

INJURY CONSEQUENCES		
<p>61. Injury Severity (Police Rating)</p> <p>(0) O - No injury (1) C - Possible injury (2) B - Nonincapacitating injury (3) A - Incapacitating injury (4) K - Killed (5) U - Injury, severity unknown (6) Died prior to accident (9) Unknown</p> <p>62. Treatment - Mortality</p> <p>(0) No treatment (1) Fatal (2) Fatal - ruled disease (specify): <hr/></p> <p><i>Nonfatal</i></p> <p>(3) Hospitalization (4) Transported and released (5) Treatment at scene - nontransported (6) Treatment later (7) Treatment - other (specify): <hr/> (8) Transported to a medical facility-unknown if treated (9) Unknown</p>	<p><u>2</u></p> <p><u>4</u></p>	<p>63. Type Of Medical Facility (for Initial Treatment) <u>2</u></p> <p>(0) Not treated at a medical facility (1) Trauma center (2) Hospital (3) Medical clinic (4) Physician's office (5) Treatment later at medical facility (8) Other (specify): <hr/> (9) Unknown</p> <p>64. Hospital Stay <u>0 0</u></p> <p>(00) Not Hospitalized <hr/>Code the number of days (up through 60) that the occupant stayed in hospital. (61) 61 days or more (99) Unknown</p> <p>65. Working Days Lost <u>9 7</u></p> <p>Code the number of days (up through 60) that the occupant lost from work due to the accident</p> <p>(00) No working days lost (61) 61 days or more (62) Fatally injured (97) Not working prior to accident (99) Unknown</p>

STOP WORK HERE

VARIABLES 66-74

TO BE CODED BY THE ZONE CENTER

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA****66. Time to Death**0 0

 Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

(00) Not fatal

(96) Fatal - ruled disease

(99) Unknown

67. 1st Medically Reported Cause of Death0 0**68. 2nd Medically Reported Cause of Death**0 0**69. 3rd Medically Reported Cause of Death**0 0

 Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

(00) Not fatal or no additional causes

(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant0 1

 Code the actual number of injuries recorded for this occupant.

(00) No recorded injuries

(97) Injured, details unknown

(99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score0 2

(at Medical Facility)

(00) Not injured

(01) Injured - not treated at medical facility

(02) No GCS Score at medical facility

(03-15) Code the actual value of the initial GCS Score recorded at medical facility.

(97) Injured, details unknown

(99) Unknown if injured

72. Was the Occupant Given Blood?1

(1) No - blood not given

(2) Yes - blood given

(specify units):

(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃0 1

(00) Not injured

(01) Injured, ABGs not measured or reported

(02-50) Code the actual value of the HCO₃(96) ABGs reported , HCO₃ unknown

(97) Injured, details unknown

(99) Unknown if injured

BELT USE DETERMINATION**74. Primary Source of Belt Use Determination**0

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Vehicle inspection

(2) Official injury data

(3) Driver/occupant interview

(8) Other (specify):

(9) Unknown if belt used



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9516
3. Vehicle Number 01
4. Occupant Number 04

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 10
Code actual age at time of accident.
(00) Less than one year old (specify by month):

(97) 97 years and older
(99) Unknown
6. Occupant's Sex 2
(1) Male
(2) Female-not reported pregnant
(3) Female-pregnant-1st trimester(1st-3rd month)
(4) Female-pregnant-2nd trimester(4th-6th month)
(5) Female-pregnant-3rd trimester(7th-9th month)
(6) Female-pregnant-term unknown
(9) Unknown
7. Occupant's Height 999
Code actual height to the nearest centimeter.
(999) Unknown

— inches X 2.54 = — centimeters

8. Occupant's Weight 999
Code actual weight to the nearest kilogram.
(999) Unknown

— pounds X .4536 = — kilograms

9. Occupant's Role 2
(1) Driver
(2) Passenger
(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

Front Seat

- (11) Left side
- (12) Middle
- (13) Right side
- (14) Other (specify): _____
- (15) On or in the lap of another occupant

Second Seat

- (21) Left side
- (22) Middle
- (23) Right side
- (24) Other (specify): _____
- (25) On or in the lap of another occupant

Third Seat

- (31) Left side
- (32) Middle
- (33) Right side
- (34) Other (specify): _____
- (35) On or in the lap of another occupant

Fourth Seat

- (41) Left side
- (42) Middle
- (43) Right side
- (44) Other (specify): _____
- (45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): _____
(99) Unknown

11. Occupant's Posture

- (0) Normal posture

Abnormal posture

- (1) Kneeling or standing on seat
- (2) Lying on or across seat
- (3) Kneeling, standing or sitting in front of seat
- (4) Sitting sideways or turned to talk with another occupant or to look out a rear window
- (5) Sitting on a console
- (6) Lying back in a reclined seat position
- (7) Bracing with feet or hands on a surface in front of seat
- (8) Other abnormal posture (specify): _____

- (9) Unknown

EJECTION/ENTRAPMENT

- | | |
|---|--|
| <p>12. Ejection 0</p> <ul style="list-style-type: none"> (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown
<p>13. Ejection Area 0</p> <ul style="list-style-type: none"> (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.)
(specify): _____ (9) Unknown
<p>14. Ejection Medium 0</p> <ul style="list-style-type: none"> (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify):
_____ (5) Integral structure (8) Other medium (specify):
_____ (9) Unknown | <p>15. Medium Status (Immediately Prior To Impact) 0</p> <ul style="list-style-type: none"> (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown
<p>16. Entrapment 0</p> <ul style="list-style-type: none"> (0) Not entrapped/exit not inhibited (1) Entrapped/pinned - mechanically restrained (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____ (9) Unknown
<p>17. Occupant Mobility 9</p> <ul style="list-style-type: none"> (0) Occupant fatal before removed from vehicle (1) Removed from vehicle while unconscious or disoriented (2) Removed from vehicle due to injuries (3) Exited vehicle with some assistance (4) Exited vehicle under own power (5) Occupant fully ejected (9) Unknown |
|---|--|

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability

- (0) None available
 (1) Belt removed/destroyed
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
 (7) Lap belt (shoulder belt destroyed/removed)
 (8) Other belt (specify): _____
 (9) Unknown _____

19. Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
 (01) Inoperative (specify): _____

- (02) Shoulder belt
 (03) Lap belt
 (04) Lap and shoulder belt
 (05) Belt used—type unknown
 (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
 (13) Lap belt used with child safety seat
 (14) Lap and shoulder belt used with child safety seat
 (15) Belt used with child safety seat—type unknown
 (18) Other belt used with child safety seat (specify): _____
 (99) Unknown if belt used _____

20. Proper Use of Manual (Active) Belts

- (0) None used or not available
 (1) Belt used properly
 (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
 (4) Shoulder belt worn behind back or seat
 (5) Belt worn around more than one person
 (6) Lap belt worn on abdomen
 (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____
 (8) Other improper use of manual belt system (specify): _____
 (9) Unknown _____

21. Manual (Active) Belt Failure Modes

During Accident

- (0) No manual belt used or not available
 (1) No manual belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify): _____
 (6) Broken retractor
 (7) Combination of above (specify): _____
 (8) Other manual belt failure (specify): _____
 (9) Unknown _____

22. Shoulder Belt Upper Anchorage Adjustment

- (0) No shoulder belt
 (1) No upper anchorage adjustment for shoulder belt
Adjustable shoulder Belt Upper Anchorage
 (2) In full up position
 (3) In mid position
 (4) In full down position
 (5) Position unknown
 (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
 (9) Unknown

24. Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
 (3) Automatic belt use unknown
 (9) Unknown

25. Automatic (Passive) Belt System Type

- (0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown

26. Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
 (4) Automatic shoulder belt worn behind back
 (5) Automatic belt worn around more than one person
 (6) Lap portion of automatic belt worn on abdomen
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of automatic belt system (specify): _____
 (9) Unknown _____

27. Automatic (Passive) Belt Failure Modes

During Accident

- (0) Not equipped/not available/not in use
 (1) No automatic belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify): _____
 (6) Broken retractor
 (7) Combination of above (specify): _____
 (8) Other automatic belt failure (specify): _____
 (9) Unknown _____

POLICE REPORTED RESTRAINT USE		AIR BAG SYSTEM FUNCTION	
28. Police Reported Belt Use	<u>O</u>	30. Frontal Air Bag System Availability/Function (This Occupant Position)	<u>O</u>
(0) None used		(0) Not equipped/not available	
(1) Police did not indicate belt use		(1) Air bag	
(2) Shoulder belt		<i>Non-functional</i>	
(3) Lap belt		(2) Air bag disconnected (specify):	
(4) Lap and shoulder belt		(3) Air bag not reinstalled	
(5) Belt used, type not specified		(9) Unknown	
(6) Child safety seat		31. Frontal Air Bag System Deployment (This Occupant Position)	<u>O</u>
(7) Automatic belt		(0) Not equipped/not available	
(8) Other type belt, (specify):		(1) Deployed during accident (as a result of impact)	
(9) Police indicated "unknown"	<u>/</u>	(2) Deployed inadvertently just prior to accident	
29. Police Reported Air Bag Availability/Function		(3) Deployed, details unknown	
(0) No air bag available		(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)	
(1) Police did not indicate air bag availability/function		(5) Unknown if deployed	
(2) Deployed		(7) Nondeployed	
(3) Not deployed		(9) Unknown	
(4) Unknown if deployed		32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position)	<u>O</u>
(9) Police indicated "unknown"		(0) Not equipped/not available	
 Check the Primary Source Used In Determining Belt Use.		(1) Air bag	
<input checked="" type="checkbox"/> Not equipped/not available/destroyed or rendered inoperative		<i>Non-functional</i>	
<input type="checkbox"/> Vehicle inspection		(2) Air bag disconnected (specify):	
<input type="checkbox"/> Official injury data		(3) Air bag not reinstalled	
<input type="checkbox"/> Driver/occupant interview		(9) Unknown	
<input type="checkbox"/> Other (specify):		<i>Specify type of "other" air bag present:</i>	
<input type="checkbox"/> Unknown if belt used		33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position)	<u>O</u>
 <hr/> <hr/> <hr/>		(0) Not equipped with an "other" air bag	
		(1) Deployed during accident (as a result of impact)	
		(2) Deployed inadvertently just prior to accident	
		(3) Deployed, details unknown	
		(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)	
		(5) Unknown if deployed	
		(7) Nondeployed	
		(9) Unknown	
 <hr/> <hr/> <hr/>		34. Are There Indications of Air Bag System Failure? (This Occupant Position)	<u>O</u>
		(0) Not equipped/not available	
		(1) No	
		(2) Yes (specify):	
		(9) Unknown	

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

<p>35. Had Vehicle Been in Previous Accident(s)? <u>0</u></p> <p>(0) Not equipped/not available (1) No previous accidents Yes (2) Previous accident(s) without deployment(s) (3) One previous accident with deployment (4) More than one previous accident with at least one deployment (8) Previous accidents, unknown deployment status (9) Unknown</p>	<p>40. Longitudinal Component of Delta V For Air Bag Deployment Impact <u>+</u> <u>-</u> <u>0</u> <u>0</u> <u>0</u></p> <p>(_000) Not equipped/not available <i>Code the value of the delta V for the impact that initiated the air bag deployment</i> (_996) Deployment, unknown longitudinal Delta V (_997) Not deployed (_998) Unknown if deployed (_999) Unknown</p>
<p>36. Type of Air Bag <u>0</u></p> <p>(0) Not equipped/not available (1) Original manufacturer installed system (2) Retrofitted air bag (3) Replacement air bag (8) Unknown type of air bag (9) Unknown</p>	<p>41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? <u>0</u></p> <p>(0) Not equipped/not available (1) No (2) Yes (3) Deployed, unknown if flap(s) opened at designated tear points (7) Not deployed (8) Unknown if deployed (9) Unknown</p>
<p>37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? <u>0</u></p> <p>(0) Not equipped/not available (1) No prior maintenance (2) Yes, prior maintenance (specify): (9) Unknown</p>	<p>42. Were Air Bag Module Cover Flap(s) Damaged? <u>0</u></p> <p>(0) Not equipped/not available (1) No (2) Yes (specify): _____ (3) Deployed, unknown if air bag module cover flap(s) damaged (7) Not deployed (8) Unknown if deployed (9) Unknown</p>
<p>38. Air Bag Deployment Accident Event Sequence Number <u>0</u> <u>0</u></p> <p>(00) Not equipped/not available _____ <i>Code the accident event sequence number that initiated the air bag deployment</i> (96) Deployed, unknown event (97) Not deployed (98) Unknown if deployed (99) Unknown</p>	<p>43. Was There Damage To The Air Bag? <u>0</u> <u>0</u></p> <p>(00) Not equipped/not available (01) Not damaged Yes - <i>Air Bag Damage</i> (02) Ruptured (03) Cut (04) Torn (05) Holed (06) Burned (07) Abraded (88) Other damage (specify): (95) Damaged, details unknown (96) Deployed, unknown if damaged (97) Not deployed (98) Unknown if deployed (99) Unknown</p>
<p>39. CDC For Air Bag Deployment Impact <u>0</u></p> <p>(0) Not equipped/not available (1) Highest delta V (2) Second highest delta V (3) Other non-coded delta V (specify): (6) Deployed, unknown event (7) Not deployed (8) Unknown if deployed (9) Unknown</p>	

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION <i>continued</i>		HEAD RESTRAINT AND SEAT EVALUATION	
44. Source of Air Bag Damage	<input type="radio"/> <input checked="" type="radio"/>	49. Head Restraint Type/Damage by Occupant at This Occupant Position	<input type="radio"/>
(00) Not equipped/not available		(0) No head restraints	
(01) Not damaged		(1) Integral—no damage	
(02) Object worn by occupant, (specify):		(2) Integral—damaged during accident	
(03) Object carried by occupant, (specify):		(3) Adjustable—no damage	
(04) Adaptive/assistive controls, (specify):		(4) Adjustable—damaged during accident	
(05) Fire in vehicle		(5) Add-on—no damage	
(06) Thermal burns		(6) Add-on—damaged during accident	
(07) Rescue or emergency efforts		(8) Other (specify):	
(08) Other damage source (specify):		(9) Unknown	
(95) Damaged, unknown source		50. Seat Type (this Occupant Position)	<input type="radio"/> <input checked="" type="radio"/>
(96) Deployed, unknown if damaged		(00) Occupant not seated or no seat	
(97) Not deployed		(01) Bucket	
(98) Unknown if deployed		(02) Bucket with folding back	
(99) Unknown		(03) Bench	
45. Was The Air Bag Tethered?	<input type="radio"/>	(04) Bench with separate back cushions	
(0) Not equipped/not available		(05) Bench with folding back(s)	
(1) No		(06) Split bench with separate back cushions	
(2) Yes (specify number of tether straps):		(07) Split bench with folding back(s)	
(3) Deployed, unknown if tethered		(08) Pedestal (i.e., column supported)	
(7) Not deployed		(09) Box mounted seat (i.e., van type)	
(8) Unknown if deployed		(10) Other seat type (specify):	
(9) Unknown		<u>School bus bench</u>	
46. Did The Air Bag Have Vent Ports?	<input type="radio"/>	(99) Unknown	
(0) Not equipped/not available		51. Seat Orientation (this Occupant Position)	<input type="radio"/>
(1) No		(0) Occupant not seated or no seat	
(2) Yes (specify number of vent ports):		(1) Forward facing seat	
(3) Deployed, unknown if vent ports present		(2) Rear facing seat	
(7) Not deployed		(3) Side facing seat (inward)	
(8) Unknown if deployed		(4) Side facing seat (outward)	
(9) Unknown		(8) Other (specify):	
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant?	<input type="radio"/>	(9) Unknown	
(0) Not equipped/not available		52. Seat Track Adjusted Position Prior To Impact	<input type="radio"/>
(1) No		(0) Occupant not seated or no seat	
(2) Yes (specify):		(1) Non-adjustable seat track	
(3) Deployed, unknown if other occupant contact to air bag		<i>Adjustable Seat Track</i>	
(7) Not deployed		(2) Seat at forward most track position	
(8) Unknown if deployed		(3) Seat between forward most and middle track positions	
(9) Unknown		(4) Seat at middle track position	
48. Was This Occupant Wearing Eye-wear?	<input type="radio"/>	(5) Seat between middle and rear most track positions	
(0) Not equipped/not available		(6) Seat at rear most track position	
(1) No		(9) Unknown	
(2) Eyeglasses/sunglasses			
(3) Contact lenses			
(4) Deployed, unknown if eyewear worn			
(7) Not deployed			
(8) Unknown if deployed			
(9) Unknown			

HEAD RESTRAINT AND SEAT EVALUATION *continued***53. Seat Back Incline Prior and Post Impact**0 /

- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

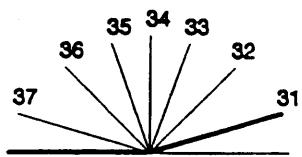
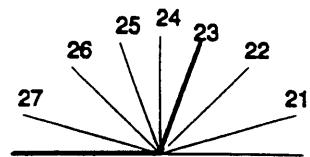
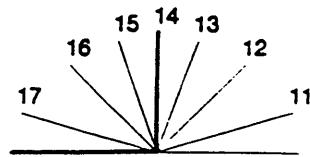
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

Slightly reclined prior to impact

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position
 (99) Unknown

**54. Seat Performance (this Occupant Position)**1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed
 (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment
 intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT		
<p>55. Child Safety Seat Make/Model <u> O O O </u></p> <p>(000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing</p> <p>(950) Built-in child safety seat</p> <p>(997) Other make/model (specify): (998) Unknown make/model (999) Unknown if child safety seat used</p> <p>56. Type of Child Safety Seat <u> O </u></p> <p>(0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat - with shield (5) Booster seat - without shield (7) Other type child safety seat (specify): (8) Unknown child safety seat type (9) Unknown if child safety seat used</p> <p>57. Child Safety Seat Orientation <u> O O </u></p> <p><i>Designed for Rear Facing for This Age/Weight</i></p> <p>(01) Rear facing (02) Forward facing (08) Other orientation (specify): (09) Unknown orientation</p> <p><i>Designed For Forward Facing for This Age/Weight</i></p> <p>(11) Rear facing (12) Forward facing (18) Other orientation (specify): (19) Unknown orientation</p> <p><i>Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight</i></p> <p>(21) Rear facing (22) Forward facing (28) Other orientation (specify): (29) Unknown orientation</p> <p>(99) Unknown if child safety seat used</p>	<p>58. Child Safety Seat Harness Usage <u> O O </u></p> <p>59. Child Safety Seat Shield Usage <u> O O </u></p> <p>60. Child Safety Seat Tether Usage <u> O O </u></p> <p>Note: Options below applicable to Variables OA58-OA60.</p> <p>(00) No child safety seat</p> <p><i>Not Designed With Harness/Shield/Tether</i></p> <p>(01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used</p> <p><i>Designed With Harness/Shield/Tether</i></p> <p>(11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used</p> <p><i>Unknown If Designed With Harness/Shield/Tether</i></p> <p>(21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used</p> <p>(99) Unknown if child safety seat used</p>	

INJURY CONSEQUENCES**61. Injury Severity (Police Rating)**

- (0) O - No injury
 (1) C - Possible injury
 (2) B - Nonincapacitating injury
 (3) A - Incapacitating injury
 (4) K - Killed
 (5) U - Injury, severity unknown
 (6) Died prior to accident
 (9) Unknown

62. Treatment - Mortality

- (0) No treatment
 (1) Fatal
 (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
 (4) Transported and released
 (5) Treatment at scene - nontransported
 (6) Treatment later
 (7) Treatment - other (specify):

 (8) Transported to a medical facility-unknown if treated
 (9) Unknown

1**63. Type Of Medical Facility (for Initial Treatment)** 2

- (0) Not treated at a medical facility
 (1) Trauma center
 (2) Hospital
 (3) Medical clinic
 (4) Physician's office
 (5) Treatment later at medical facility
 (8) Other (specify):

(9) Unknown

4**64. Hospital Stay**

- 0 0
 (00) Not Hospitalized
 _____ Code the number of days (up through 60) that the occupant stayed in hospital.
 (61) 61 days or more
 (99) Unknown

65. Working Days Lost

- 9 7
 _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
 (00) No working days lost
 (61) 61 days or more
 (62) Fatally injured
 (97) Not working prior to accident
 (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA****66. Time to Death**0 0

 Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

(00) Not fatal

(96) Fatal - ruled disease

(99) Unknown

67. 1st Medically Reported Cause of Death0 0**68. 2nd Medically Reported Cause of Death**0 0**69. 3rd Medically Reported Cause of Death**0 0

 Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

(00) Not fatal or no additional causes

(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant0 1

 Code the actual number of injuries recorded for this occupant.

(00) No recorded injuries

(97) Injured, details unknown

(99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score0 2

(at Medical Facility)

(00) Not injured

(01) Injured - not treated at medical facility

(02) No GCS Score at medical facility

(03-15) Code the actual value of the initial GCS Score recorded at medical facility.

(97) Injured, details unknown

(99) Unknown if injured

72. Was the Occupant Given Blood?1

(1) No - blood not given

(2) Yes - blood given

(specify units): _____

(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃0 1

(00) Not injured

(01) Injured, ABGs not measured or reported

(02-50) Code the actual value of the HCO₃(96) ABGs reported , HCO₃ unknown

(97) Injured, details unknown

(99) Unknown if injured

BELT USE DETERMINATION**74. Primary Source of Belt Use Determination**0

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Vehicle inspection

(2) Official injury data

(3) Driver/occupant interview

(8) Other (specify): _____

(9) Unknown if belt used

OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9516
3. Vehicle Number 01
4. Occupant Number 05

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 12
Code actual age at time of accident.
(00) Less than one year old (specify by month):
(97) 97 years and older
(99) Unknown

6. Occupant's Sex 1
(1) Male
(2) Female-not reported pregnant
(3) Female-pregnant-1st trimester(1st-3rd month)
(4) Female-pregnant-2nd trimester(4th-6th month)
(5) Female-pregnant-3rd trimester(7th-9th month)
(6) Female-pregnant-term unknown
(9) Unknown

7. Occupant's Height 999
Code actual height to the nearest centimeter.
(999) Unknown

— inches X 2.54 = — centimeters

8. Occupant's Weight 999
Code actual weight to the nearest kilogram.
(999) Unknown

— pounds X .4536 = — kilograms

9. Occupant's Role 2
(1) Driver
(2) Passenger
(9) Unknown

10. Occupant's Seat Position 99

Front Seat

- (11) Left side
(12) Middle
(13) Right side
(14) Other (specify): _____
(15) On or in the lap of another occupant

Second Seat

- (21) Left side
(22) Middle
(23) Right side
(24) Other (specify): _____
(25) On or in the lap of another occupant

Third Seat

- (31) Left side
(32) Middle
(33) Right side
(34) Other (specify): _____
(35) On or in the lap of another occupant

Fourth Seat

- (41) Left side
(42) Middle
(43) Right side
(44) Other (specify): _____
(45) On or in the lap of another occupant

(97) In or on unenclosed area

- (98) Other seat (specify): _____
(99) Unknown

11. Occupant's Posture 9
(0) Normal posture

Abnormal posture

- (1) Kneeling or standing on seat
(2) Lying on or across seat
(3) Kneeling, standing or sitting in front of seat
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window
(5) Sitting on a console
(6) Lying back in a reclined seat position
(7) Bracing with feet or hands on a surface in front of seat
(8) Other abnormal posture (specify): _____
(9) Unknown

EJECTION/ENTRAPMENT**12. Ejection**

- (0) No ejection
(1) Complete ejection
(2) Partial ejection
(3) Ejection, unknown degree
(9) Unknown

0**15. Medium Status (Immediately Prior To Impact)**

- (0) No ejection
(1) Open
(2) Closed
(3) Integral structure
(9) Unknown

0**13. Ejection Area**

- (0) No ejection
(1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear
(7) Roof
(8) Other area (e.g., back of pickup, etc.)
(specify): _____
(9) Unknown

0**16. Entrapment**

- (0) Not entrapped/exit not inhibited
(1) Entrapped/pinned - mechanically restrained
(2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____

(9) _____

0**17. Occupant Mobility**

- (0) Occupant fatal before removed from vehicle
(1) Removed from vehicle while unconscious or disoriented
(2) Removed from vehicle due to injuries
(3) Exited vehicle with some assistance
(4) Exited vehicle under own power
(5) Occupant fully ejected
(9) Unknown

9**14. Ejection Medium**

- (0) No ejection
(1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify):

(5) Integral structure
(8) Other medium (specify):

(9) Unknown

0

BELT SYSTEM FUNCTION**18. Manual (Active) Belt System Availability**

- (0) None available
 (1) Belt removed/destroyed
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
 (7) Lap belt (shoulder belt destroyed/removed)
 (8) Other belt (specify): _____
 (9) Unknown

19. Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
 (01) Inoperative (specify): _____

- (02) Shoulder belt
 (03) Lap belt
 (04) Lap and shoulder belt
 (05) Belt used—type unknown
 (08) Other belt used (specify):
 (12) Shoulder belt used with child safety seat
 (13) Lap belt used with child safety seat
 (14) Lap and shoulder belt used with child safety seat
 (15) Belt used with child safety seat—type unknown
 (18) Other belt used with child safety seat (specify):
 (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts

- (0) None used or not available
 (1) Belt used properly
 (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
 (4) Shoulder belt worn behind back or seat
 (5) Belt worn around more than one person
 (6) Lap belt worn on abdomen
 (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
 (8) Other improper use of manual belt system (specify):
 (9) Unknown

21. Manual (Active) Belt Failure Modes*During Accident*

- (0) No manual belt used or not available
 (1) No manual belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):
 (6) Broken retractor
 (7) Combination of above (specify):
 (8) Other manual belt failure (specify):
 (9) Unknown

22. Shoulder Belt Upper Anchorage Adjustment

- (0) No shoulder belt
 (1) No upper anchorage adjustment for shoulder belt
- Adjustable shoulder Belt Upper Anchorage*
- (2) In full up position
 (3) In mid position
 (4) In full down position
 (5) Position unknown
 (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
 (9) Unknown

24. Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
 (3) Automatic belt use unknown
 (9) Unknown

25. Automatic (Passive) Belt System Type

- (0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown

26. Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
 (4) Automatic shoulder belt worn behind back
 (5) Automatic belt worn around more than one person
 (6) Lap portion of automatic belt worn on abdomen
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):
 (9) Unknown

27. Automatic (Passive) Belt Failure Modes*During Accident*

- (0) Not equipped/not available/not in use
 (1) No automatic belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):
 (6) Broken retractor
 (7) Combination of above (specify):
 (8) Other automatic belt failure (specify):
 (9) Unknown

POLICE REPORTED RESTRAINT USE		AIR BAG SYSTEM FUNCTION	
28. Police Reported Belt Use	<input type="radio"/>	30. Frontal Air Bag System Availability/Function (This Occupant Position)	<input type="radio"/>
(0) None used		(0) Not equipped/not available	
(1) Police did not indicate belt use		(1) Air bag	
(2) Shoulder belt		<i>Non-functional</i>	
(3) Lap belt		(2) Air bag disconnected (specify):	
(4) Lap and shoulder belt		(3) _____	
(5) Belt used, type not specified		(9) Unknown	
(6) Child safety seat		31. Frontal Air Bag System Deployment (This Occupant Position)	<input type="radio"/>
(7) Automatic belt		(0) Not equipped/not available	
(8) Other type belt, (specify): (9) Police indicated "unknown"		(1) Deployed during accident (as a result of impact)	
29. Police Reported Air Bag Availability/Function	<input type="checkbox"/>	(2) Deployed inadvertently just prior to accident	
(0) No air bag available		(3) Deployed, details unknown	
(1) Police did not indicate air bag availability/function		(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)	
(2) Deployed		(5) Unknown if deployed	
(3) Not deployed		(7) Nondeployed	
(4) Unknown if deployed		(9) Unknown	
(9) Police indicated "unknown"		32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position)	<input type="radio"/>
 Check the Primary Source Used In Determining Belt Use.		(0) Not equipped/not available	
<input checked="" type="checkbox"/> Not equipped/not available/destroyed or rendered inoperative		(1) Air bag	
<input type="checkbox"/> Vehicle inspection		<i>Non-functional</i>	
<input type="checkbox"/> Official injury data		(2) Air bag disconnected (specify):	
<input type="checkbox"/> Driver/occupant interview		(3) _____	
<input type="checkbox"/> Other (specify): <input type="checkbox"/> Unknown if belt used		(9) Unknown	
 <hr/> <hr/> <hr/> <hr/>		<i>Specify type of "other" air bag present:</i> <hr/>	
33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position)	<input type="radio"/>	34. Are There Indications of Air Bag System Failure? (This Occupant Position)	<input type="radio"/>
(0) Not equipped with an "other" air bag		(0) Not equipped/not available	
(1) Deployed during accident (as a result of impact)		(1) No	
(2) Deployed inadvertently just prior to accident		(2) Yes (specify):	
(3) Deployed, details unknown		(9) _____	
(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)		34. Are There Indications of Air Bag System Failure? (This Occupant Position)	<input type="radio"/>
(5) Unknown if deployed		(0) Not equipped/not available	
(7) Nondeployed		(1) No	
(9) Unknown		(2) Yes (specify):	
		(9) _____	

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

<p>35. Had Vehicle Been in Previous Accident(s)? <u>0</u></p> <p>(0) Not equipped/not available (1) No previous accidents</p> <p>Yes</p> <p>(2) Previous accident(s) without deployment(s) (3) One previous accident with deployment (4) More than one previous accident with at least one deployment (8) Previous accidents, unknown deployment status (9) Unknown</p>	<p>40. Longitudinal Component of Delta V For Air Bag Deployment Impact <u>+ - 0 0 0</u></p> <p>(_000) Not equipped/not available <i>Code the value of the delta V for the impact that initiated the air bag deployment</i> (_996) Deployment, unknown longitudinal Delta V (_997) Not deployed (_998) Unknown if deployed (_999) Unknown</p>
<p>36. Type of Air Bag <u>0</u></p> <p>(0) Not equipped/not available (1) Original manufacturer installed system (2) Retrofitted air bag (3) Replacement air bag (8) Unknown type of air bag (9) Unknown</p>	<p>41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? <u>0</u></p> <p>(0) Not equipped/not available (1) No (2) Yes (3) Deployed, unknown if flap(s) opened at designated tear points (7) Not deployed (8) Unknown if deployed (9) Unknown</p>
<p>37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? <u>0</u></p> <p>(0) Not equipped/not available (1) No prior maintenance (2) Yes, prior maintenance (specify): _____ (9) Unknown</p>	<p>42. Were Air Bag Module Cover Flap(s) Damaged? <u>0</u></p> <p>(0) Not equipped/not available (1) No (2) Yes (specify): _____ (3) Deployed, unknown if air bag module cover flap(s) damaged (7) Not deployed (8) Unknown if deployed (9) Unknown</p>
<p>38. Air Bag Deployment Accident Event Sequence Number <u>0 0</u></p> <p>(00) Not equipped/not available _____ <i>Code the accident event sequence number that initiated the air bag deployment</i> (96) Deployed, unknown event (97) Not deployed (98) Unknown if deployed (99) Unknown</p>	<p>43. Was There Damage To The Air Bag? <u>0 0</u></p> <p>(00) Not equipped/not available (01) Not damaged</p> <p>Yes - Air Bag Damage</p> <p>(02) Ruptured (03) Cut (04) Torn (05) Holed (06) Burned (07) Abraded (88) Other damage (specify): _____</p>
<p>39. CDC For Air Bag Deployment Impact <u>0</u></p> <p>(0) Not equipped/not available (1) Highest delta V (2) Second highest delta V (3) Other non-coded delta V (specify): _____ (6) Deployed, unknown event (7) Not deployed (8) Unknown if deployed (9) Unknown</p>	<p>(95) Damaged, details unknown (96) Deployed, unknown if damaged (97) Not deployed (98) Unknown if deployed (99) Unknown</p>

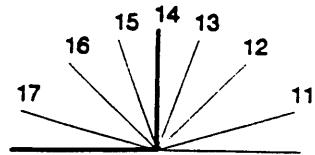
FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION <i>continued</i>		HEAD RESTRAINT AND SEAT EVALUATION	
44. Source of Air Bag Damage		49. Head Restraint Type/Damage by Occupant at This Occupant Position	
(00) Not equipped/not available		(0) No head restraints	
(01) Not damaged		(1) Integral—no damage	
(02) Object worn by occupant, (specify):		(2) Integral—damaged during accident	
(03) Object carried by occupant, (specify):		(3) Adjustable—no damage	
(04) Adaptive/assistive controls, (specify):		(4) Adjustable—damaged during accident	
(05) Fire in vehicle		(5) Add-on—no damage	
(06) Thermal burns		(6) Add-on—damaged during accident	
(07) Rescue or emergency efforts		(8) Other (specify):	
(08) Other damage source (specify):		(9) Unknown	
(95) Damaged, unknown source		50. Seat Type (this Occupant Position)	
(96) Deployed, unknown if damaged		(00) Occupant not seated or no seat	
(97) Not deployed		(01) Bucket	
(98) Unknown if deployed		(02) Bucket with folding back	
(99) Unknown		(03) Bench	
45. Was The Air Bag Tethered?		(04) Bench with separate back cushions	
(0) Not equipped/not available		(05) Bench with folding back(s)	
(1) No		(06) Split bench with separate back cushions	
(2) Yes (specify number of tether straps):		(07) Split bench with folding back(s)	
(3) Deployed, unknown if tethered		(08) Pedestal (i.e., column supported)	
(7) Not deployed		(09) Box mounted seat (i.e., van type)	
(8) Unknown if deployed		(10) Other seat type (specify):	
(9) Unknown		<u>School bus bench</u>	
46. Did The Air Bag Have Vent Ports?		(99) Unknown	
(0) Not equipped/not available		51. Seat Orientation (this Occupant Position)	
(1) No		(0) Occupant not seated or no seat	
(2) Yes (specify number of vent ports):		(1) Forward facing seat	
(3) Deployed, unknown if vent ports present		(2) Rear facing seat	
(7) Not deployed		(3) Side facing seat (inward)	
(8) Unknown if deployed		(4) Side facing seat (outward)	
(9) Unknown		(8) Other (specify):	
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant?		(9) Unknown	
(0) Not equipped/not available		52. Seat Track Adjusted Position Prior To Impact	
(1) No		(0) Occupant not seated or no seat	
(2) Yes (specify):		(1) Non-adjustable seat track	
(3) Deployed, unknown if other occupant contact to air bag		<i>Adjustable Seat Track</i>	
(7) Not deployed		(2) Seat at forward most track position	
(8) Unknown if deployed		(3) Seat between forward most and middle track positions	
(9) Unknown		(4) Seat at middle track position	
48. Was This Occupant Wearing Eye-wear?		(5) Seat between middle and rear most track positions	
(0) Not equipped/not available		(6) Seat at rear most track position	
(1) No		(9) Unknown	
(2) Eyeglasses/sunglasses			
(3) Contact lenses			
(4) Deployed, unknown if eyewear worn			
(7) Not deployed			
(8) Unknown if deployed			
(9) Unknown			

HEAD RESTRAINT AND SEAT EVALUATION *continued***53. Seat Back Incline Prior and Post Impact**01

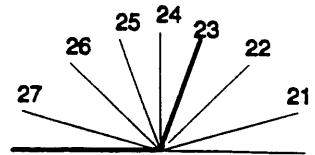
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

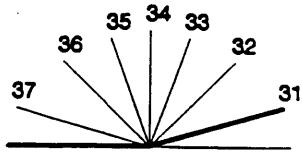
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position



- Slightly reclined prior to impact*
- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

*Completely reclined prior to impact*

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position
- (99) Unknown

**54. Seat Performance (this Occupant Position)**1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed
 (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment
 intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT		
<p>55. Child Safety Seat Make/Model <u> O O O </u> (000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify): <u>(998) Unknown make/model</u> <u>(999) Unknown if child safety seat used</u></p> <p>56. Type of Child Safety Seat <u> O </u> (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat - with shield (5) Booster seat - without shield (7) Other type child safety seat (specify): <u>(8) Unknown child safety seat type</u> <u>(9) Unknown if child safety seat used</u></p> <p>57. Child Safety Seat Orientation <u> O O </u> <i>Designed for Rear Facing for This Age/Weight</i> (01) Rear facing (02) Forward facing (08) Other orientation (specify): <u>(09) Unknown orientation</u> <i>Designed For Forward Facing for This Age/Weight</i> (11) Rear facing (12) Forward facing (18) Other orientation (specify): <u>(19) Unknown orientation</u> <i>Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight</i> (21) Rear facing (22) Forward facing (28) Other orientation (specify): <u>(29) Unknown orientation</u> <u>(99) Unknown if child safety seat used</u></p>	<p>58. Child Safety Seat Harness Usage <u> O O </u></p> <p>59. Child Safety Seat Shield Usage <u> O O </u></p> <p>60. Child Safety Seat Tether Usage <u> O O </u> <small>Note: Options below applicable to Variables OA58-OA60.</small> (00) No child safety seat <i>Not Designed With Harness/Shield/Tether</i> (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used <i>Designed With Harness/Shield/Tether</i> (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used <i>Unknown If Designed With Harness/Shield/Tether</i> (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used (99) Unknown if child safety seat used</p>	

INJURY CONSEQUENCES		
<p>61. Injury Severity (Police Rating)</p> <p>(0) O - No injury (1) C - Possible injury (2) B - Nonincapacitating injury (3) A - Incapacitating injury (4) K - Killed (5) U - Injury, severity unknown (6) Died prior to accident (9) Unknown</p>	<p><u>2</u></p>	<p>63. Type Of Medical Facility (for Initial Treatment) <u>2</u></p> <p>(0) Not treated at a medical facility (1) Trauma center (2) Hospital (3) Medical clinic (4) Physician's office (5) Treatment later at medical facility (8) Other (specify): _____ (9) Unknown</p>
<p>62. Treatment - Mortality</p> <p>(0) No treatment (1) Fatal (2) Fatal - ruled disease (specify): _____</p> <p><i>Nonfatal</i></p> <p>(3) Hospitalization (4) Transported and released (5) Treatment at scene - nontransported (6) Treatment later (7) Treatment - other (specify): _____</p> <p>(8) Transported to a medical facility-unknown if treated (9) Unknown</p>	<p><u>4</u></p>	<p>64. Hospital Stay <u>0 0</u></p> <p>(00) Not Hospitalized _____ Code the number of days (up through 60) that the occupant stayed in hospital. (61) 61 days or more (99) Unknown</p>
		<p>65. Working Days Lost <u>9 7</u></p> <p>_____ Code the number of days (up through 60) that the occupant lost from work due to the accident</p> <p>(00) No working days lost (61) 61 days or more (62) Fatally injured (97) Not working prior to accident (99) Unknown</p>

STOP WORK HERE

VARIABLES 66-74

TO BE CODED BY THE ZONE CENTER

TO BE CODED BY THE ZONE CENTER

INJURY CONSEQUENCES		TRAUMA DATA
66. Time to Death _____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60) (00) Not fatal (96) Fatal - ruled disease (99) Unknown	<u>0 0</u>	71. Glasgow Coma Scale (GCS) Score (at Medical Facility) <u>0 2</u> (00) Not injured (01) Injured - not treated at medical facility (02) No GCS Score at medical facility (03-15) Code the actual value of the initial GCS Score recorded at medical facility. (97) Injured, details unknown (99) Unknown if injured
67. 1st Medically Reported Cause of Death	<u>0 0</u>	72. Was the Occupant Given Blood? <u>1</u> (1) No - blood not given (2) Yes - blood given (specify units): _____ (9) Unknown if blood given
68. 2nd Medically Reported Cause of Death	<u>0 0</u>	
69. 3rd Medically Reported Cause of Death _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death (00) Not fatal or no additional causes (96) Mode of death given but specific injuries are not linked to cause of death. (specify): (97) Other result (includes fatal ruled disease) (specify): (99) Unknown	<u>0 0</u>	73. Arterial Blood Gases (ABG) - HCO ₃ <u>0 1</u> (00) Not injured (01) Injured, ABGs not measured or reported (02-50) Code the actual value of the HCO ₃ (96) ABGs reported , HCO ₃ unknown (97) Injured, details unknown (99) Unknown if injured
BELT USE DETERMINATION		
70. Number of Recorded Injuries for This Occupant <u>1</u> Code the actual number of injuries recorded for this occupant. (00) No recorded injuries (97) Injured, details unknown (99) Unknown if injured	<u>0 1</u>	74. Primary Source of Belt Use Determination <u>0</u> (0) Not equipped/not available/destroyed or rendered inoperative (1) Vehicle inspection (2) Official injury data (3) Driver/occupant interview (8) Other (specify): _____ (9) Unknown if belt used



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT'S SEATING

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9516
3. Vehicle Number 01
4. Occupant Number 06

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 12
Code actual age at time of accident.
(00) Less than one year old (specify by month):

(97) 97 years and older
(99) Unknown
6. Occupant's Sex 2
(1) Male
(2) Female-not reported pregnant
(3) Female-pregnant-1st trimester(1st-3rd month)
(4) Female-pregnant-2nd trimester(4th-6th month)
(5) Female-pregnant-3rd trimester(7th-9th month)
(6) Female-pregnant-term unknown
(9) Unknown
7. Occupant's Height 168
Code actual height to the nearest centimeter.
(999) Unknown

66 inches X 2.54 = ____ centimeters
8. Occupant's Weight 047
Code actual weight to the nearest kilogram.
(999) Unknown

103 pounds X .4536 = ____ kilograms
9. Occupant's Role 2
(1) Driver
(2) Passenger
(9) Unknown

10. Occupant's Seat Position

- Front Seat*
- (11) Left side
 - (12) Middle
 - (13) Right side
 - (14) Other (specify): _____
 - (15) On or in the lap of another occupant

Second Seat

- (21) Left side
- (22) Middle
- (23) Right side
- (24) Other (specify): _____
- (25) On or in the lap of another occupant

Third Seat

- (31) Left side
- (32) Middle
- (33) Right side
- (34) Other (specify): _____
- (35) On or in the lap of another occupant

Fourth Seat

- (41) Left side
- (42) Middle
- (43) Right side
- (44) Other (specify): _____
- (45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): 10th row

(99) Unknown R side, window seat

11. Occupant's Posture

- (0) Normal posture 0

Abnormal posture

- (1) Kneeling or standing on seat
- (2) Lying on or across seat
- (3) Kneeling, standing or sitting in front of seat
- (4) Sitting sideways or turned to talk with another occupant or to look out a rear window
- (5) Sitting on a console
- (6) Lying back in a reclined seat position
- (7) Bracing with feet or hands on a surface in front of seat
- (8) Other abnormal posture (specify): _____
- (9) Unknown

EJECTION/ENTRAPMENT**12. Ejection**

- (0) No ejection
(1) Complete ejection
(2) Partial ejection
(3) Ejection, unknown degree
(9) Unknown

Q

13. Ejection Area

- (0) No ejection
(1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear
(7) Roof
(8) Other area (e.g., back of pickup, etc.)
(specify): _____
(9) Unknown

Q

14. Ejection Medium

- (0) No ejection
(1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify):

(5) Integral structure
(8) Other medium (specify):

(9) Unknown

Q

15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
(1) Open
(2) Closed
(3) Integral structure
(9) Unknown

Q

16. Entrapment

- (0) Not entrapped/exit not inhibited
(1) Entrapped/pinned - mechanically restrained
(2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
(9) _____

O

17. Occupant Mobility

- (0) Occupant fatal before removed from vehicle
(1) Removed from vehicle while unconscious or disoriented
(2) Removed from vehicle due to injuries
(3) Exited vehicle with some assistance
(4) Exited vehicle under own power
(5) Occupant fully ejected
(9) Unknown

H

BELT SYSTEM FUNCTION

<p>18. Manual (Active) Belt System Availability</p> <ul style="list-style-type: none"> (0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown <p><i>Integral Belt Partially Destroyed</i></p> <ul style="list-style-type: none"> (6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed) (8) Other belt (specify): _____ <p>(9) Unknown _____</p>	<input type="radio"/>	<p>22. Shoulder Belt Upper Anchorage Adjustment</p> <ul style="list-style-type: none"> (0) No shoulder belt (1) No upper anchorage adjustment for shoulder belt <p><i>Adjustable shoulder Belt Upper Anchorage</i></p> <ul style="list-style-type: none"> (2) In full up position (3) In mid position (4) In full down position (5) Position unknown (9) Unknown if position has adjustable upper anchorage adjustment 	<input type="radio"/>
<p>19. Manual (Active) Belt System Use</p> <ul style="list-style-type: none"> (00) None used, not available, or belt removed/destroyed (01) Inoperative (specify): _____ <p>(02) Shoulder belt</p> <p>(03) Lap belt</p> <p>(04) Lap and shoulder belt</p> <p>(05) Belt used—type unknown</p> <p>(08) Other belt used (specify):</p> <p>(12) Shoulder belt used with child safety seat</p> <p>(13) Lap belt used with child safety seat</p> <p>(14) Lap and shoulder belt used with child safety seat</p> <p>(15) Belt used with child safety seat—type unknown</p> <p>(18) Other belt used with child safety seat (specify): _____</p> <p>(99) Unknown if belt used _____</p>	<input type="radio"/>	<p>23. Automatic (Passive) Belt System Availability/Function</p> <ul style="list-style-type: none"> (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown <p><i>Non-functional</i></p> <ul style="list-style-type: none"> (4) Automatic belts destroyed or rendered inoperative (9) Unknown 	<input type="radio"/>
<p>20. Proper Use of Manual (Active) Belts</p> <ul style="list-style-type: none"> (0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat <p><i>Belt Used Improperly</i></p> <ul style="list-style-type: none"> (3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat (5) Belt worn around more than one person (6) Lap belt worn on abdomen (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____ <p>(8) Other improper use of manual belt system (specify): _____</p> <p>(9) Unknown _____</p>	<input type="radio"/>	<p>24. Automatic (Passive) Belt System Use</p> <ul style="list-style-type: none"> (0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____ (3) Automatic belt use unknown (9) Unknown 	<input type="radio"/>
<p>25. Automatic (Passive) Belt System Type</p> <ul style="list-style-type: none"> (0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown 	<input type="radio"/>	<p>26. Proper Use of Automatic (Passive) Belt System</p> <ul style="list-style-type: none"> (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat <p><i>Automatic Belt Used Improperly</i></p> <ul style="list-style-type: none"> (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____ <p>(8) Other improper use of automatic belt system (specify): _____</p> <p>(9) Unknown _____</p>	<input type="radio"/>
<p>21. Manual (Active) Belt Failure Modes</p> <p><i>During Accident</i></p> <ul style="list-style-type: none"> (0) No manual belt used or not available (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): _____ <p>(6) Broken retractor</p> <p>(7) Combination of above (specify): _____</p> <p>(8) Other manual belt failure (specify): _____</p> <p>(9) Unknown _____</p>	<input type="radio"/>	<p>27. Automatic (Passive) Belt Failure Modes</p> <p><i>During Accident</i></p> <ul style="list-style-type: none"> (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): _____ <p>(6) Broken retractor</p> <p>(7) Combination of above (specify): _____</p> <p>(8) Other automatic belt failure (specify): _____</p> <p>(9) Unknown _____</p>	<input type="radio"/>

POLICE REPORTED RESTRAINT USE		AIR BAG SYSTEM FUNCTION
<p>28. Police Reported Belt Use</p> <p>(0) None used (1) Police did not indicate belt use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Automatic belt (8) Other type belt, (specify): _____ (9) Police indicated "unknown"</p> <p>29. Police Reported Air Bag Availability/Function</p> <p>(0) No air bag available (1) Police did not indicate air bag availability/function (2) Deployed (3) Not deployed (4) Unknown if deployed (9) Police indicated "unknown"</p>	<p>30. Frontal Air Bag System Availability/Function (This Occupant Position)</p> <p>(0) Not equipped/not available (1) Air bag</p> <p><i>Non-functional</i> (2) Air bag disconnected (specify): _____ (3) Air bag not reinstalled (9) Unknown</p> <p>31. Frontal Air Bag System Deployment (This Occupant Position)</p> <p>(0) Not equipped/not available (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p>	
<p>Check the Primary Source Used In Determining Belt Use.</p> <p><input checked="" type="checkbox"/> Not equipped/not available/destroyed or rendered inoperative <input type="checkbox"/> Vehicle inspection <input type="checkbox"/> Official injury data <input type="checkbox"/> Driver/occupant interview <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown if belt used</p> <hr/> <hr/> <hr/> <hr/>	<p>32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position)</p> <p>(0) Not equipped/not available (1) Air bag</p> <p><i>Non-functional</i> (2) Air bag disconnected (specify): _____ (3) Air bag not reinstalled (9) Unknown</p> <p><i>Specify type of "other" air bag present:</i> _____</p> <p>33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position)</p> <p>(0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p> <p>34. Are There Indications of Air Bag System Failure? (This Occupant Position)</p> <p>(0) Not equipped/not available (1) No (2) Yes (specify): _____ (9) Unknown</p>	

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

<p>35. Had Vehicle Been in Previous Accident(s)? <input checked="" type="checkbox"/></p> <p>(0) Not equipped/not available (1) No previous accidents Yes (2) Previous accident(s) without deployment(s) (3) One previous accident with deployment (4) More than one previous accident with at least one deployment (8) Previous accidents, unknown deployment status (9) Unknown</p>	<p>40. Longitudinal Component of Delta V For Air Bag Deployment Impact <input checked="" type="checkbox"/> + <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (000) Not equipped/not available <i>Code the value of the delta V for the impact that initiated the air bag deployment</i> (996) Deployment, unknown longitudinal Delta V (997) Not deployed (998) Unknown if deployed (999) Unknown</p>
<p>36. Type of Air Bag <input checked="" type="checkbox"/></p> <p>(0) Not equipped/not available (1) Original manufacturer installed system (2) Retrofitted air bag (3) Replacement air bag (8) Unknown type of air bag (9) Unknown</p>	<p>41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? <input checked="" type="checkbox"/> <input type="checkbox"/> O (0) Not equipped/not available (1) No (2) Yes (3) Deployed, unknown if flap(s) opened at designated tear points (7) Not deployed (8) Unknown if deployed (9) Unknown</p>
<p>37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? <input checked="" type="checkbox"/> <input type="checkbox"/> (0) Not equipped/not available (1) No prior maintenance (2) Yes, prior maintenance (specify): (9) Unknown</p>	<p>42. Were Air Bag Module Cover Flap(s) Damaged? <input checked="" type="checkbox"/> <input type="checkbox"/> (0) Not equipped/not available (1) No (2) Yes (specify): _____ (3) Deployed, unknown if air bag module cover flap(s) damaged (7) Not deployed (8) Unknown if deployed (9) Unknown</p>
<p>38. Air Bag Deployment Accident Event Sequence Number <input checked="" type="checkbox"/> O O</p> <p>(00) Not equipped/not available _____ Code the accident event sequence number that initiated the air bag deployment (96) Deployed, unknown event (97) Not deployed (98) Unknown if deployed (99) Unknown</p>	<p>43. Was There Damage To The Air Bag? <input checked="" type="checkbox"/> O O</p> <p>(00) Not equipped/not available (01) Not damaged Yes - Air Bag Damage (02) Ruptured (03) Cut (04) Torn (05) Holed (06) Burned (07) Abraded (88) Other damage (specify): (95) Damaged, details unknown (96) Deployed, unknown if damaged (97) Not deployed (98) Unknown if deployed (99) Unknown</p>
<p>39. CDC For Air Bag Deployment Impact <input checked="" type="checkbox"/> <input type="checkbox"/> (0) Not equipped/not available (1) Highest delta V (2) Second highest delta V (3) Other non-coded delta V (specify): (6) Deployed, unknown event (7) Not deployed (8) Unknown if deployed (9) Unknown</p>	

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION <i>continued</i>		HEAD RESTRAINT AND SEAT EVALUATION	
<p>44. Source of Air Bag Damage <u>OO</u></p> <p>(00) Not equipped/not available (01) Not damaged (02) Object worn by occupant, (specify): <u>(03) Object carried by occupant, (specify):</u> <u>(04) Adaptive/assistive controls, (specify):</u> <u>(05) Fire in vehicle</u> <u>(06) Thermal burns</u> <u>(07) Rescue or emergency efforts</u> <u>(08) Other damage source (specify):</u> <u>(95) Damaged, unknown source</u> <u>(96) Deployed, unknown if damaged</u> <u>(97) Not deployed</u> <u>(98) Unknown if deployed</u> <u>(99) Unknown</u></p>		<p>49. Head Restraint Type/Damage by Occupant at This Occupant Position <u>O</u></p> <p>(0) No head restraints (1) Integral—no damage (2) Integral—damaged during accident (3) Adjustable—no damage (4) Adjustable—damaged during accident (5) Add-on—no damage (6) Add-on—damaged during accident (8) Other (specify): <u>(9) Unknown</u></p>	
<p>45. Was The Air Bag Tethered? <u>O</u></p> <p>(0) Not equipped/not available (1) No (2) Yes (specify number of tether straps): <u>(3) Deployed, unknown if tethered</u> <u>(7) Not deployed</u> <u>(8) Unknown if deployed</u> <u>(9) Unknown</u></p>		<p>50. Seat Type (this Occupant Position) <u>10</u></p> <p>(00) Occupant not seated or no seat (01) Bucket (02) Bucket with folding back (03) Bench (04) Bench with separate back cushions (05) Bench with folding back(s) (06) Split bench with separate back cushions (07) Split bench with folding back(s) (08) Pedestal (i.e., column supported) (09) Box mounted seat (i.e., van type) (10) Other seat type (specify): <u>School bus bench</u> <u>(99) Unknown</u></p>	
<p>46. Did The Air Bag Have Vent Ports? <u>O</u></p> <p>(0) Not equipped/not available (1) No (2) Yes (specify number of vent ports): <u>(3) Deployed, unknown if vent ports present</u> <u>(7) Not deployed</u> <u>(8) Unknown if deployed</u> <u>(9) Unknown</u></p>		<p>51. Seat Orientation (this Occupant Position) <u>1</u></p> <p>(0) Occupant not seated or no seat (1) Forward facing seat (2) Rear facing seat (3) Side facing seat (inward) (4) Side facing seat (outward) (8) Other (specify): <u>(9) Unknown</u></p>	
<p>47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? <u>O</u></p> <p>(0) Not equipped/not available (1) No (2) Yes (specify): <u>(3) Deployed, unknown if other occupant contact to air bag</u> <u>(7) Not deployed</u> <u>(8) Unknown if deployed</u> <u>(9) Unknown</u></p>		<p>52. Seat Track Adjusted Position Prior To Impact <u>1</u></p> <p>(0) Occupant not seated or no seat (1) Non-adjustable seat track</p> <p><i>Adjustable Seat Track</i></p> <p>(2) Seat at forward most track position (3) Seat between forward most and middle track positions (4) Seat at middle track position (5) Seat between middle and rear most track positions (6) Seat at rear most track position (9) Unknown</p>	
<p>48. Was This Occupant Wearing Eye-wear? <u>O</u></p> <p>(0) Not equipped/not available (1) No (2) Eyeglasses/sunglasses (3) Contact lenses (4) Deployed, unknown if eyewear worn (7) Not deployed (8) Unknown if deployed (9) Unknown</p>			

HEAD RESTRAINT AND SEAT EVALUATION *continued*

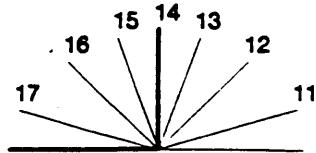
53. Seat Back Incline Prior and Post Impact

0 1

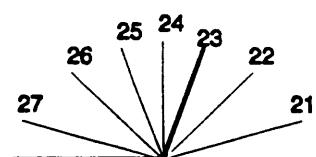
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

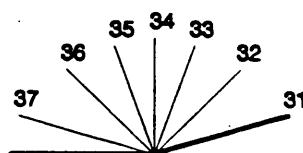
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

*Slightly reclined prior to impact*

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

*Completely reclined prior to impact*

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position
 (99) Unknown



54. Seat Performance (this Occupant Position)

1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed
 (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment
 intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT	
<p>55. Child Safety Seat Make/Model <u> O O O </u> (000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (1950) Built-in child safety seat (997) Other make/model (specify): _____ (998) Unknown make/model (999) Unknown if child safety seat used</p> <p>56. Type of Child Safety Seat <u> O </u> (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat - with shield (5) Booster seat - without shield (7) Other type child safety seat (specify): _____ (8) Unknown child safety seat type (9) Unknown if child safety seat used</p> <p>57. Child Safety Seat Orientation <u> O O </u> <i>Designed for Rear Facing for This Age/Weight</i> (01) Rear facing (02) Forward facing (08) Other orientation (specify): _____ (09) Unknown orientation <i>Designed For Forward Facing for This Age/Weight</i> (11) Rear facing (12) Forward facing (18) Other orientation (specify): _____ (19) Unknown orientation <i>Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight</i> (21) Rear facing (22) Forward facing (28) Other orientation (specify): _____ (29) Unknown orientation (99) Unknown if child safety seat used</p>	<p>58. Child Safety Seat Harness Usage <u> O O </u></p> <p>59. Child Safety Seat Shield Usage <u> O O </u></p> <p>60. Child Safety Seat Tether Usage <u> O O </u></p> <p>Note: Options below applicable to Variables OA58-OA60. (00) No child safety seat</p> <p><i>Not Designed With Harness/Shield/Tether</i> (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used</p> <p><i>Designed With Harness/Shield/Tether</i> (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used</p> <p><i>Unknown If Designed With Harness/Shield/Tether</i> (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used</p> <p>(99) Unknown if child safety seat used</p>

INJURY CONSEQUENCES	
<p>61. Injury Severity (Police Rating)</p> <p>(0) O - No injury (1) C - Possible injury (2) B - Nonincapacitating injury (3) A - Incapacitating injury (4) K - Killed (5) U - Injury, severity unknown (6) Died prior to accident (9) Unknown</p> <p>62. Treatment - Mortality</p> <p>(0) No treatment (1) Fatal (2) Fatal - ruled disease (specify): <hr/></p> <p><i>Nonfatal</i></p> <p>(3) Hospitalization (4) Transported and released (5) Treatment at scene - nontransported (6) Treatment later (7) Treatment - other (specify): <hr/> (8) Transported to a medical facility-unknown if treated (9) Unknown</p>	<p><u>1</u></p> <p>63. Type Of Medical Facility (for Initial Treatment) <u>2</u></p> <p>(0) Not treated at a medical facility (1) Trauma center (2) Hospital (3) Medical clinic (4) Physician's office (5) Treatment later at medical facility (8) Other (specify): <hr/> (9) Unknown</p> <p><u>4</u></p> <p>64. Hospital Stay <u>0 0</u></p> <p>(00) Not Hospitalized _____ Code the number of days (up through 60) that the occupant stayed in hospital. (61) 61 days or more (99) Unknown</p> <p>65. Working Days Lost <u>97</u></p> <p>_____ Code the number of days (up through 60) that the occupant lost from work due to the accident</p> <p>(00) No working days lost (61) 61 days or more (62) Fatally injured (97) Not working prior to accident (99) Unknown</p>

STOP WORK HERE

VARIABLES 66-74

TO BE CODED BY THE ZONE CENTER

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA****66. Time to Death**

00
 _____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
 (00) Not fatal
 (96) Fatal - ruled disease
 (99) Unknown

67. 1st Medically Reported Cause of Death00**68. 2nd Medically Reported Cause of Death**00**69. 3rd Medically Reported Cause of Death**00

_____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
 (00) Not fatal or no additional causes
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant02

_____ Code the actual number of injuries recorded for this occupant.
 (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score (at Medical Facility)15

- (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured

72. Was the Occupant Given Blood?1

- (1) No - blood not given
 (2) Yes - blood given
 (specify units): _____
 (9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃01

- (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported , HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

BELT USE DETERMINATION**74. Primary Source of Belt Use Determination**0

- (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Vehicle inspection
 (2) Official injury data
 (3) Driver/occupant interview
 (8) Other (specify): _____
 (9) Unknown if belt used



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>10</u>
2. Case Number - Stratum	<u>9516</u>
3. Vehicle Number	<u>01</u>
4. Occupant Number	<u>07</u>

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age	<u>09</u>
Code actual age at time of accident.	
(00) Less than one year old (specify by month):	
(97) 97 years and older	
(99) Unknown	
6. Occupant's Sex	<u>2</u>
(1) Male	
(2) Female-not reported pregnant	
(3) Female-pregnant-1st trimester(1st-3rd month)	
(4) Female-pregnant-2nd trimester(4th-6th month)	
(5) Female-pregnant-3rd trimester(7th-9th month)	
(6) Female-pregnant-term unknown	
(9) Unknown	
7. Occupant's Height	<u>145</u>
Code actual height to the nearest centimeter.	
(999) Unknown	
<u>57</u> inches X 2.54 = _____ centimeters	
8. Occupant's Weight	<u>050</u>
Code actual weight to the nearest kilogram.	
(999) Unknown	
<u>110</u> pounds X .4536 = _____ kilograms	
9. Occupant's Role	<u>2</u>
(1) Driver	
(2) Passenger	
(9) Unknown	

OCCUPANT'S SEATING

10. Occupant's Seat Position

Front Seat

- (11) Left side
- (12) Middle
- (13) Right side
- (14) Other (specify): _____
- (15) On or in the lap of another occupant

Second Seat

- (21) Left side
- (22) Middle
- (23) Right side
- (24) Other (specify): _____
- (25) On or in the lap of another occupant

Third Seat

- (31) Left side
- (32) Middle
- (33) Right side
- (34) Other (specify): _____
- (35) On or in the lap of another occupant

Fourth Seat

- (41) Left side
- (42) Middle
- (43) Right side
- (44) Other (specify): _____
- (45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): 97A row

(99) Unknown (R side, window seat)

11. Occupant's Posture

- (0) Normal posture

Abnormal posture

- (1) Kneeling or standing on seat
- (2) Lying on or across seat
- (3) Kneeling, standing or sitting in front of seat
- (4) Sitting sideways or turned to talk with another occupant or to look out a rear window
- (5) Sitting on a console
- (6) Lying back in a reclined seat position
- (7) Bracing with feet or hands on a surface in front of seat
- (8) Other abnormal posture (specify): _____
- (9) Unknown

EJECTION/ENTRAPMENT

12. Ejection

- (0) No ejection
(1) Complete ejection
(2) Partial ejection
(3) Ejection, unknown degree
(9) Unknown

13. Ejection Area

- (0) No ejection
(1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear
(7) Roof
(8) Other area (e.g., back of pickup, etc.)
(specify): _____
(9) Unknown

14. Ejection Medium

- (0) No ejection
(1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify):

(5) Integral structure
(8) Other medium (specify):

(9) Unknown

O

15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
(1) Open
(2) Closed
(3) Integral structure
(9) Unknown

O

16. Entrapment

- (0) Not entrapped/exit not inhibited
(1) Entrapped/pinned - mechanically restrained
(2) Could not exit vehicle due to jammed doors,
fire, etc.
(specify): _____
(9) Unknown

O

17. Occupant Mobility

- (0) Occupant fatal before removed from
vehicle
(1) Removed from vehicle while unconscious or
disoriented
(2) Removed from vehicle due to injuries
(3) Exited vehicle with some assistance
(4) Exited vehicle under own power
(5) Occupant fully ejected
(9) Unknown

4Q

BELT SYSTEM FUNCTION

- | | | | |
|---|----------------------------------|---|----------------------------------|
| <p>18. Manual (Active) Belt System Availability</p> <p>(0) None available
 (1) Belt removed/destroyed
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt available—type unknown</p> <p><i>Integral Belt Partially Destroyed</i></p> <p>(6) Shoulder belt (lap belt destroyed/removed)
 (7) Lap belt (shoulder belt destroyed/removed)
 (8) Other belt (specify): _____
 (9) Unknown</p> | <input checked="" type="radio"/> | <p>22. Shoulder Belt Upper Anchorage Adjustment</p> <p>(0) No shoulder belt
 (1) No upper anchorage adjustment for shoulder belt</p> <p><i>Adjustable shoulder Belt Upper Anchorage</i></p> <p>(2) In full up position
 (3) In mid position
 (4) In full down position
 (5) Position unknown
 (9) Unknown if position has adjustable upper anchorage adjustment</p> | <input checked="" type="radio"/> |
| <p>19. Manual (Active) Belt System Use</p> <p>(0) None used, not available, or belt removed/destroyed
 (1) Inoperative (specify): _____
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used—type unknown
 (8) Other belt used (specify):
 (12) Shoulder belt used with child safety seat
 (13) Lap belt used with child safety seat
 (14) Lap and shoulder belt used with child safety seat
 (15) Belt used with child safety seat—type unknown
 (18) Other belt used with child safety seat (specify):
 (99) Unknown if belt used</p> | <input checked="" type="radio"/> | <p>23. Automatic (Passive) Belt System Availability/Function</p> <p>(0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown</p> <p><i>Non-functional</i></p> <p>(4) Automatic belts destroyed or rendered inoperative
 (9) Unknown</p> | <input checked="" type="radio"/> |
| <p>20. Proper Use of Manual (Active) Belts</p> <p>(0) None used or not available
 (1) Belt used properly
 (2) Belt used properly with child safety seat</p> <p><i>Belt Used Improperly</i></p> <p>(3) Shoulder belt worn under arm
 (4) Shoulder belt worn behind back or seat
 (5) Belt worn around more than one person
 (6) Lap belt worn on abdomen
 (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
 (8) Other improper use of manual belt system (specify):
 (9) Unknown</p> | <input checked="" type="radio"/> | <p>24. Automatic (Passive) Belt System Use</p> <p>(0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
 (3) Automatic belt use unknown
 (9) Unknown</p> | <input checked="" type="radio"/> |
| <p>21. Manual (Active) Belt Failure Modes</p> <p><i>During Accident</i></p> <p>(0) No manual belt used or not available
 (1) No manual belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):
 (6) Broken retractor
 (7) Combination of above (specify):
 (8) Other manual belt failure (specify):
 (9) Unknown</p> | <input checked="" type="radio"/> | <p>25. Automatic (Passive) Belt System Type</p> <p>(0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown</p> | <input checked="" type="radio"/> |
| <p>26. Proper Use of Automatic (Passive) Belt System</p> <p>(0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat</p> <p><i>Automatic Belt Used Improperly</i></p> <p>(3) Automatic shoulder belt worn under arm
 (4) Automatic shoulder belt worn behind back
 (5) Automatic belt worn around more than one person
 (6) Lap portion of automatic belt worn on abdomen
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
 (8) Other improper use of automatic belt system (specify):
 (9) Unknown</p> | <input checked="" type="radio"/> | <p>27. Automatic (Passive) Belt Failure Modes</p> <p><i>During Accident</i></p> <p>(0) Not equipped/not available/not in use
 (1) No automatic belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):
 (6) Broken retractor
 (7) Combination of above (specify):
 (8) Other automatic belt failure (specify):
 (9) Unknown</p> | <input checked="" type="radio"/> |

POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION
<p>28. Police Reported Belt Use</p> <p>(0) None used (1) Police did not indicate belt use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Automatic belt (8) Other type belt, (specify): _____ (9) Police indicated "unknown"</p>	<p>30. Frontal Air Bag System Availability/Function (This Occupant Position)</p> <p>(0) Not equipped/not available (1) Air bag</p> <p><i>Non-functional</i></p> <p>(2) Air bag disconnected (specify): _____ (3) Air bag not reinstalled (9) Unknown</p>
<p>29. Police Reported Air Bag Availability/Function</p> <p>(0) No air bag available (1) Police did not indicate air bag availability/function (2) Deployed (3) Not deployed (4) Unknown if deployed (9) Police indicated "unknown"</p>	<p>31. Frontal Air Bag System Deployment (This Occupant Position)</p> <p>(0) Not equipped/not available (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p>
<p>Check the Primary Source Used In Determining Belt Use.</p> <p><input checked="" type="checkbox"/> Not equipped/not available/destroyed or rendered inoperative <input type="checkbox"/> Vehicle inspection <input type="checkbox"/> Official injury data <input type="checkbox"/> Driver/occupant interview <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown if belt used</p>	<p>32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position)</p> <p>(0) Not equipped/not available (1) Air bag</p> <p><i>Non-functional</i></p> <p>(2) Air bag disconnected (specify): _____ (3) Air bag not reinstalled (9) Unknown</p> <p><i>Specify type of "other" air bag present:</i> _____ _____ _____</p>
	<p>33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position)</p> <p>(0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p>
	<p>34. Are There Indications of Air Bag System Failure? (This Occupant Position)</p> <p>(0) Not equipped/not available (1) No (2) Yes (specify): _____ (9) Unknown</p>

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? O
- (0) Not equipped/not available
 - (1) No previous accidents
- Yes
- (2) Previous accident(s) without deployment(s)
 - (3) One previous accident with deployment
 - (4) More than one previous accident with at least one deployment
 - (8) Previous accidents, unknown deployment status
 - (9) Unknown
36. Type of Air Bag O
- (0) Not equipped/not available
 - (1) Original manufacturer installed system
 - (2) Retrofitted air bag
 - (3) Replacement air bag
 - (8) Unknown type of air bag
 - (9) Unknown
37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? O
- (0) Not equipped/not available
 - (1) No prior maintenance
 - (2) Yes, prior maintenance (specify):

(9) Unknown
38. Air Bag Deployment Accident Event Sequence Number O
- (00) Not equipped/not available

Code the accident event sequence number that initiated the air bag deployment
 - (96) Deployed, unknown event
 - (97) Not deployed
 - (98) Unknown if deployed
 - (99) Unknown
39. CDC For Air Bag Deployment Impact O
- (0) Not equipped/not available
 - (1) Highest delta V
 - (2) Second highest delta V
 - (3) Other non-coded delta V (specify):

(6) Deployed, unknown event
 - (7) Not deployed
 - (8) Unknown if deployed
 - (9) Unknown
40. Longitudinal Component of Delta V For Air Bag Deployment Impact O
- (_000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
 - (_996) Deployment, unknown longitudinal Delta V
 - (_997) Not deployed
 - (_998) Unknown if deployed
 - (_999) Unknown
41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? O
- (0) Not equipped/not available
 - (1) No
 - (2) Yes
 - (3) Deployed, unknown if flap(s) opened at designated tear points
 - (7) Not deployed
 - (8) Unknown if deployed
 - (9) Unknown
42. Were Air Bag Module Cover Flap(s) Damaged? O
- (0) Not equipped/not available
 - (1) No
 - (2) Yes (specify): _____
(3) Deployed, unknown if air bag module cover flap(s) damaged
 - (7) Not deployed
 - (8) Unknown if deployed
 - (9) Unknown
43. Was There Damage To The Air Bag? O
- (00) Not equipped/not available
 - (01) Not damaged
- Yes - Air Bag Damage
- (02) Ruptured
 - (03) Cut
 - (04) Torn
 - (05) Holed
 - (06) Burned
 - (07) Abraded
 - (88) Other damage (specify):

(95) Damaged, details unknown
 - (96) Deployed, unknown if damaged
 - (97) Not deployed
 - (98) Unknown if deployed
 - (99) Unknown

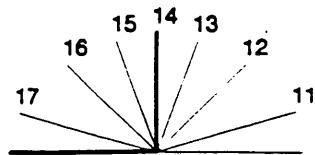
FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION <i>continued</i>		HEAD RESTRAINT AND SEAT EVALUATION	
44. Source of Air Bag Damage	<u>OO</u>	49. Head Restraint Type/Damage by Occupant at This Occupant Position	<u>O</u>
(00) Not equipped/not available		(0) No head restraints	
(01) Not damaged		(1) Integral—no damage	
(02) Object worn by occupant, (specify):		(2) Integral—damaged during accident	
(03) Object carried by occupant, (specify):		(3) Adjustable—no damage	
(04) Adaptive/assistive controls, (specify):		(4) Adjustable—damaged during accident	
(05) Fire in vehicle		(5) Add-on—no damage	
(06) Thermal burns		(6) Add-on—damaged during accident	
(07) Rescue or emergency efforts		(8) Other (specify):	
(08) Other damage source (specify):		(9) Unknown	
(95) Damaged, unknown source		50. Seat Type (this Occupant Position)	<u>10</u>
(96) Deployed, unknown if damaged		(00) Occupant not seated or no seat	
(97) Not deployed		(01) Bucket	
(98) Unknown if deployed		(02) Bucket with folding back	
(99) Unknown		(03) Bench	
45. Was The Air Bag Tethered?	<u>O</u>	(04) Bench with separate back cushions	
(0) Not equipped/not available		(05) Bench with folding back(s)	
(1) No		(06) Split bench with separate back cushions	
(2) Yes (specify number of tether straps):		(07) Split bench with folding back(s)	
(3) Deployed, unknown if tethered		(08) Pedestal (i.e., column supported)	
(7) Not deployed		(09) Box mounted seat (i.e., van type)	
(8) Unknown if deployed		(10) Other seat type (specify):	
(9) Unknown		<u>School bus bench</u>	
46. Did The Air Bag Have Vent Ports?	<u>O</u>	(99) Unknown	
(0) Not equipped/not available		51. Seat Orientation (this Occupant Position)	<u>1</u>
(1) No		(0) Occupant not seated or no seat	
(2) Yes (specify number of vent ports):		(1) Forward facing seat	
(3) Deployed, unknown if vent ports present		(2) Rear facing seat	
(7) Not deployed		(3) Side facing seat (inward)	
(8) Unknown if deployed		(4) Side facing seat (outward)	
(9) Unknown		(8) Other (specify):	
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant?	<u>O</u>	(9) Unknown	
(0) Not equipped/not available		52. Seat Track Adjusted Position Prior To Impact	<u>1</u>
(1) No		(0) Occupant not seated or no seat	
(2) Yes (specify):		(1) Non-adjustable seat track	
(3) Deployed, unknown if other occupant contact to air bag		<i>Adjustable Seat Track</i>	
(7) Not deployed		(2) Seat at forward most track position	
(8) Unknown if deployed		(3) Seat between forward most and middle track positions	
(9) Unknown		(4) Seat at middle track position	
48. Was This Occupant Wearing Eye-wear?	<u>O</u>	(5) Seat between middle and rear most track positions	
(0) Not equipped/not available		(6) Seat at rear most track position	
(1) No		(9) Unknown	
(2) Eyeglasses/sunglasses			
(3) Contact lenses			
(4) Deployed, unknown if eyewear worn			
(7) Not deployed			
(8) Unknown if deployed			
(9) Unknown			

HEAD RESTRAINT AND SEAT EVALUATION *continued***53. Seat Back Incline Prior and Post Impact** Q1

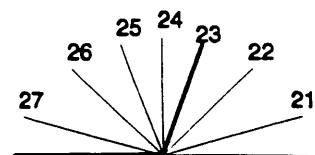
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

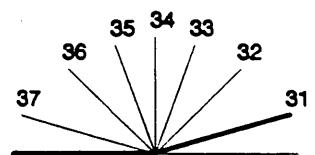
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

*Slightly reclined prior to impact*

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

*Completely reclined prior to impact*

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position
 (99) Unknown

**54. Seat Performance (this Occupant Position)** 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed
 (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment
 intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT	
<p>55. Child Safety Seat Make/Model <u> O O </u> (000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify): <u>(998) Unknown make/model</u> <u>(999) Unknown if child safety seat used</u></p> <p>56. Type of Child Safety Seat <u> O </u> (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat - with shield (5) Booster seat - without shield (7) Other type child safety seat (specify): <u>(8) Unknown child safety seat type</u> <u>(9) Unknown if child safety seat used</u></p> <p>57. Child Safety Seat Orientation <u> O O </u> <i>Designed for Rear Facing for This Age/Weight</i> (01) Rear facing (02) Forward facing (08) Other orientation (specify): <u>(09) Unknown orientation</u> <i>Designed For Forward Facing for This Age/Weight</i> (11) Rear facing (12) Forward facing (18) Other orientation (specify): <u>(19) Unknown orientation</u> <i>Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight</i> (21) Rear facing (22) Forward facing (28) Other orientation (specify): <u>(29) Unknown orientation</u> <u>(99) Unknown if child safety seat used</u></p>	<p>58. Child Safety Seat Harness Usage <u> O O </u> 59. Child Safety Seat Shield Usage <u> O O </u> 60. Child Safety Seat Tether Usage <u> O O </u> <small>Note: Options below applicable to Variables OA58-OA60.</small> (00) No child safety seat <i>Not Designed With Harness/Shield/Tether</i> (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used <i>Designed With Harness/Shield/Tether</i> (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used <i>Unknown If Designed With Harness/Shield/Tether</i> (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used <u>(99) Unknown if child safety seat used</u></p>

INJURY CONSEQUENCES		
<p>61. Injury Severity (Police Rating)</p> <p>(0) O - No injury (1) C - Possible injury (2) B - Nonincapacitating injury (3) A - Incapacitating injury (4) K - Killed (5) U - Injury, severity unknown (6) Died prior to accident (9) Unknown</p> <p>62. Treatment - Mortality</p> <p>(0) No treatment (1) Fatal (2) Fatal - ruled disease (specify): <hr/></p> <p><i>Nonfatal</i></p> <p>(3) Hospitalization (4) Transported and released (5) Treatment at scene - nontransported (6) Treatment later (7) Treatment - other (specify): <hr/></p> <p>(8) Transported to a medical facility-unknown if treated (9) Unknown</p>	<p><i>2</i></p> <p><i>4</i></p>	<p>63. Type Of Medical Facility (for Initial Treatment) <i>2</i></p> <p>(0) Not treated at a medical facility (1) Trauma center (2) Hospital (3) Medical clinic (4) Physician's office (5) Treatment later at medical facility (8) Other (specify): <hr/> (9) Unknown</p> <p>64. Hospital Stay <i>0 0</i></p> <p>(00) Not Hospitalized Code the number of days (up through 60) that the occupant stayed in hospital. (61) 61 days or more (99) Unknown</p> <p>65. Working Days Lost <i>97</i></p> <p>Code the number of days (up through 60) that the occupant lost from work due to the accident</p> <p>(00) No working days lost (61) 61 days or more (62) Fatally injured (97) Not working prior to accident (99) Unknown</p>

STOP WORK HERE

VARIABLES 66-74

TO BE CODED BY THE ZONE CENTER

TO BE CODED BY THE ZONE CENTER

INJURY CONSEQUENCES		TRAUMA DATA
66. Time to Death _____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60) (OO) Not fatal (96) Fatal - ruled disease (99) Unknown	<u>00</u>	71. Glasgow Coma Scale (GCS) Score (at Medical Facility) <u>15</u> (OO) Not injured (01) Injured - not treated at medical facility (02) No GCS Score at medical facility (03-15) Code the actual value of the initial GCS Score recorded at medical facility. (97) Injured, details unknown (99) Unknown if injured
67. 1st Medically Reported Cause of Death _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death	<u>00</u>	72. Was the Occupant Given Blood? <u>1</u> (1) No - blood not given (2) Yes - blood given (specify units): _____ (9) Unknown if blood given
68. 2nd Medically Reported Cause of Death _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death	<u>00</u>	
69. 3rd Medically Reported Cause of Death _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death (OO) Not fatal or no additional causes (96) Mode of death given but specific injuries are not linked to cause of death. (specify): (97) Other result (includes fatal ruled disease) (specify): (99) Unknown	<u>00</u>	73. Arterial Blood Gases (ABG) – HCO ₃ <u>01</u> (OO) Not injured (01) Injured, ABGs not measured or reported (02-50) Code the actual value of the HCO ₃ (96) ABGs reported , HCO ₃ unknown (97) Injured, details unknown (99) Unknown if injured
BELT USE DETERMINATION		
70. Number of Recorded Injuries for This Occupant _____ Code the actual number of injuries recorded for this occupant. (OO) No recorded injuries (97) Injured, details unknown (99) Unknown if injured	<u>05</u>	74. Primary Source of Belt Use Determination <u>0</u> (0) Not equipped/not available/destroyed or rendered inoperative (1) Vehicle inspection (2) Official injury data (3) Driver/occupant interview (8) Other (specify): _____ (9) Unknown if belt used

OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9516
3. Vehicle Number 01
4. Occupant Number 08

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 09
Code actual age at time of accident.
(00) Less than one year old (specify by month):
(97) 97 years and older
(99) Unknown

6. Occupant's Sex 1
(1) Male
(2) Female-not reported pregnant
(3) Female-pregnant-1st trimester(1st-3rd month)
(4) Female-pregnant-2nd trimester(4th-6th month)
(5) Female-pregnant-3rd trimester(7th-9th month)
(6) Female-pregnant-term unknown
(9) Unknown

7. Occupant's Height 999
Code actual height to the nearest centimeter.
(999) Unknown

— inches X 2.54 = — centimeters

8. Occupant's Weight 999
Code actual weight to the nearest kilogram.
(999) Unknown

— pounds X .4536 = — kilograms

9. Occupant's Role 2
(1) Driver
(2) Passenger
(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

Front Seat

- (11) Left side
- (12) Middle
- (13) Right side
- (14) Other (specify): _____
- (15) On or in the lap of another occupant

Second Seat

- (21) Left side
- (22) Middle
- (23) Right side
- (24) Other (specify): _____
- (25) On or in the lap of another occupant

Third Seat

- (31) Left side
- (32) Middle
- (33) Right side
- (34) Other (specify): _____
- (35) On or in the lap of another occupant

Fourth Seat

- (41) Left side
- (42) Middle
- (43) Right side
- (44) Other (specify): _____
- (45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): _____
(99) Unknown

11. Occupant's Posture 9
(0) Normal posture

Abnormal posture

- (1) Kneeling or standing on seat
- (2) Lying on or across seat
- (3) Kneeling, standing or sitting in front of seat
- (4) Sitting sideways or turned to talk with another occupant or to look out a rear window
- (5) Sitting on a console
- (6) Lying back in a reclined seat position
- (7) Bracing with feet or hands on a surface in front of seat
- (8) Other abnormal posture (specify): _____

(9) Unknown

EJECTION/ENTRAPMENT**12. Ejection**

- (0) No ejection
(1) Complete ejection
(2) Partial ejection
(3) Ejection, unknown degree
(9) Unknown

0**15. Medium Status (Immediately Prior To Impact)**

- (0) No ejection
(1) Open
(2) Closed
(3) Integral structure
(9) Unknown

0**13. Ejection Area**

- (0) No ejection
(1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear
(7) Roof
(8) Other area (e.g., back of pickup, etc.)
(specify): _____
(9) Unknown

0**16. Entrapment**

- (0) Not entrapped/exit not inhibited
(1) Entrapped/pinned - mechanically restrained
(2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____

0

(9) _____

17. Occupant Mobility

- (0) Occupant fatal before removed from vehicle
(1) Removed from vehicle while unconscious or disoriented
(2) Removed from vehicle due to injuries
(3) Exited vehicle with some assistance
(4) Exited vehicle under own power
(5) Occupant fully ejected
(9) Unknown

9**14. Ejection Medium**

- (0) No ejection
(1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify):

(5) Integral structure
(8) Other medium (specify):

(9) Unknown

0

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability
- (0) None available
 - (1) Belt removed/destroyed
 - (2) Shoulder belt
 - (3) Lap belt
 - (4) Lap and shoulder belt
 - (5) Belt available—type unknown
- Integral Belt Partially Destroyed*
- (6) Shoulder belt (lap belt destroyed/removed)
 - (7) Lap belt (shoulder belt destroyed/removed)
 - (8) Other belt (specify): _____
 - (9) Unknown _____
19. Manual (Active) Belt System Use
- (00) None used, not available, or belt removed/destroyed
 - (01) Inoperative (specify):
 - (02) Shoulder belt
 - (03) Lap belt
 - (04) Lap and shoulder belt
 - (05) Belt used—type unknown
 - (08) Other belt used (specify):
 - (12) Shoulder belt used with child safety seat
 - (13) Lap belt used with child safety seat
 - (14) Lap and shoulder belt used with child safety seat
 - (15) Belt used with child safety seat—type unknown
 - (18) Other belt used with child safety seat (specify): _____
 - (99) Unknown if belt used
20. Proper Use of Manual (Active) Belts
- (0) None used or not available
 - (1) Belt used properly
 - (2) Belt used properly with child safety seat
- Belt Used Improperly*
- (3) Shoulder belt worn under arm
 - (4) Shoulder belt worn behind back or seat
 - (5) Belt worn around more than one person
 - (6) Lap belt worn on abdomen
 - (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____
 - (8) Other improper use of manual belt system (specify): _____
 - (9) Unknown _____
21. Manual (Active) Belt Failure Modes During Accident
- (0) No manual belt used or not available
 - (1) No manual belt failure(s)
 - (2) Torn webbing (stretched webbing not included)
 - (3) Broken buckle or latchplate
 - (4) Upper anchorage separated
 - (5) Other anchorage separated (specify): _____
 - (6) Broken retractor
 - (7) Combination of above (specify): _____
 - (8) Other manual belt failure (specify): _____
 - (9) Unknown _____

22. Shoulder Belt Upper Anchorage Adjustment
- (0) No shoulder belt
 - (1) No upper anchorage adjustment for shoulder belt
- Adjustable shoulder Belt Upper Anchorage*
- (2) In full up position
 - (3) In mid position
 - (4) In full down position
 - (5) Position unknown
 - (9) Unknown if position has adjustable upper anchorage adjustment
23. Automatic (Passive) Belt System Availability/Function
- (0) Not equipped/not available
 - (1) 2 point automatic belts
 - (2) 3 point automatic belts
 - (3) Automatic belts - type unknown
- Non-functional*
- (4) Automatic belts destroyed or rendered inoperative
 - (9) Unknown
24. Automatic (Passive) Belt System Use
- (0) Not equipped/not available/destroyed or rendered inoperative
 - (1) Automatic belt in use
 - (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
 - (3) Automatic belt use unknown
 - (9) Unknown
25. Automatic (Passive) Belt System Type
- (0) Not equipped/not available
 - (1) Non-motorized system
 - (2) Motorized system
 - (9) Unknown
26. Proper Use of Automatic (Passive) Belt System
- (0) Not equipped/not available/not used
 - (1) Automatic belt used properly
 - (2) Automatic belt used properly with child safety seat
- Automatic Belt Used Improperly*
- (3) Automatic shoulder belt worn under arm
 - (4) Automatic shoulder belt worn behind back
 - (5) Automatic belt worn around more than one person
 - (6) Lap portion of automatic belt worn on abdomen
 - (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
 - (8) Other improper use of automatic belt system (specify): _____
 - (9) Unknown _____
27. Automatic (Passive) Belt Failure Modes During Accident
- (0) Not equipped/not available/not in use
 - (1) No automatic belt failure(s)
 - (2) Torn webbing (stretched webbing not included)
 - (3) Broken buckle or latchplate
 - (4) Upper anchorage separated
 - (5) Other anchorage separated (specify): _____
 - (6) Broken retractor
 - (7) Combination of above (specify): _____
 - (8) Other automatic belt failure (specify): _____
 - (9) Unknown _____

POLICE REPORTED RESTRAINT USE		AIR BAG SYSTEM FUNCTION	
28. Police Reported Belt Use <input type="radio"/> (0) None used <input type="radio"/> (1) Police did not indicate belt use <input type="radio"/> (2) Shoulder belt <input type="radio"/> (3) Lap belt <input type="radio"/> (4) Lap and shoulder belt <input type="radio"/> (5) Belt used, type not specified <input type="radio"/> (6) Child safety seat <input type="radio"/> (7) Automatic belt <input type="radio"/> (8) Other type belt, (specify): _____ <input type="radio"/> (9) Police indicated "unknown"	○	30. Frontal Air Bag System Availability/Function (This Occupant Position) <input type="radio"/> (0) Not equipped/not available <input type="radio"/> (1) Air bag <i>Non-functional</i> <input type="radio"/> (2) Air bag disconnected (specify): _____ <input type="radio"/> (3) Air bag not reinstalled <input type="radio"/> (9) Unknown	○
29. Police Reported Air Bag Availability/Function <input type="radio"/> (0) No air bag available <input type="radio"/> (1) Police did not indicate air bag availability/function <input type="radio"/> (2) Deployed <input type="radio"/> (3) Not deployed <input type="radio"/> (4) Unknown if deployed <input type="radio"/> (9) Police indicated "unknown"	/	31. Frontal Air Bag System Deployment (This Occupant Position) <input type="radio"/> (0) Not equipped/not available <input type="radio"/> (1) Deployed during accident (as a result of impact) <input type="radio"/> (2) Deployed inadvertently just prior to accident <input type="radio"/> (3) Deployed, details unknown <input type="radio"/> (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) <input type="radio"/> (5) Unknown if deployed <input type="radio"/> (7) Nondeployed <input type="radio"/> (9) Unknown	○
<p>Check the Primary Source Used In Determining Belt Use.</p> <p><input checked="" type="checkbox"/> Not equipped/not available/destroyed or rendered inoperative <input type="checkbox"/> Vehicle inspection <input type="checkbox"/> Official injury data <input type="checkbox"/> Driver/occupant interview <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown if belt used</p> <hr/> <hr/> <hr/> <hr/>		32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) <input type="radio"/> (0) Not equipped/not available <input type="radio"/> (1) Air bag <i>Non-functional</i> <input type="radio"/> (2) Air bag disconnected (specify): _____ <input type="radio"/> (3) Air bag not reinstalled <input type="radio"/> (9) Unknown <i>Specify type of "other" air bag present:</i> _____	○
		33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) <input type="radio"/> (0) Not equipped with an "other" air bag <input type="radio"/> (1) Deployed during accident (as a result of impact) <input type="radio"/> (2) Deployed inadvertently just prior to accident <input type="radio"/> (3) Deployed, details unknown <input type="radio"/> (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) <input type="radio"/> (5) Unknown if deployed <input type="radio"/> (7) Nondeployed <input type="radio"/> (9) Unknown	○
		34. Are There Indications of Air Bag System Failure? (This Occupant Position) <input type="radio"/> (0) Not equipped/not available <input type="radio"/> (1) No <input type="radio"/> (2) Yes (specify): _____ <input type="radio"/> (9) Unknown	○

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

<p>35. Had Vehicle Been in Previous Accident(s)? <u>0</u></p> <p>(0) Not equipped/not available (1) No previous accidents</p> <p>Yes (2) Previous accident(s) without deployment(s) (3) One previous accident with deployment (4) More than one previous accident with at least one deployment (8) Previous accidents, unknown deployment status (9) Unknown</p>	<p>40. Longitudinal Component of Delta V For Air Bag Deployment Impact <u>+</u> <u>0 0 0</u></p> <p>(_000) Not equipped/not available <i>Code the value of the delta V for the impact that initiated the air bag deployment</i> (_996) Deployment, unknown longitudinal Delta V (_997) Not deployed (_998) Unknown if deployed (_999) Unknown</p>
<p>36. Type of Air Bag <u>0</u></p> <p>(0) Not equipped/not available (1) Original manufacturer installed system (2) Retrofitted air bag (3) Replacement air bag (8) Unknown type of air bag (9) Unknown</p>	<p>41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? <u>0</u></p> <p>(0) Not equipped/not available (1) No (2) Yes (3) Deployed, unknown if flap(s) opened at designated tear points (7) Not deployed (8) Unknown if deployed (9) Unknown</p>
<p>37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? <u>0</u></p> <p>(0) Not equipped/not available (1) No prior maintenance (2) Yes, prior maintenance (specify): _____ (9) Unknown</p>	<p>42. Were Air Bag Module Cover Flap(s) Damaged? <u>0</u></p> <p>(0) Not equipped/not available (1) No (2) Yes (specify): _____ (3) Deployed, unknown if air bag module cover flap(s) damaged (7) Not deployed (8) Unknown if deployed (9) Unknown</p>
<p>38. Air Bag Deployment Accident Event Sequence Number <u>0 0</u></p> <p>(00) Not equipped/not available _____ <i>Code the accident event sequence number that initiated the air bag deployment</i> (96) Deployed, unknown event (97) Not deployed (98) Unknown if deployed (99) Unknown</p>	<p>43. Was There Damage To The Air Bag? <u>0 0</u></p> <p>(00) Not equipped/not available (01) Not damaged</p> <p>Yes - <i>Air Bag Damage</i></p> <p>(02) Ruptured (03) Cut (04) Torn (05) Holed (06) Burned (07) Abraded (88) Other damage (specify): _____</p> <p>(95) Damaged, details unknown (96) Deployed, unknown if damaged (97) Not deployed (98) Unknown if deployed (99) Unknown</p>
<p>39. CDC For Air Bag Deployment Impact <u>0</u></p> <p>(0) Not equipped/not available (1) Highest delta V (2) Second highest delta V (3) Other non-coded delta V (specify): _____ (6) Deployed, unknown event (7) Not deployed (8) Unknown if deployed (9) Unknown</p>	

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION <i>continued</i>		HEAD RESTRAINT AND SEAT EVALUATION	
44. Source of Air Bag Damage	<input type="radio"/> <input checked="" type="radio"/>	49. Head Restraint Type/Damage by Occupant at This Occupant Position	<input type="radio"/>
(00) Not equipped/not available		(0) No head restraints	
(01) Not damaged		(1) Integral—no damage	
(02) Object worn by occupant, (specify):		(2) Integral—damaged during accident	
(03) Object carried by occupant, (specify):		(3) Adjustable—no damage	
(04) Adaptive/assistive controls, (specify):		(4) Adjustable—damaged during accident	
(05) Fire in vehicle		(5) Add-on—no damage	
(06) Thermal burns		(6) Add-on—damaged during accident	
(07) Rescue or emergency efforts		(8) Other (specify):	
(08) Other damage source (specify):		(9) Unknown	
(95) Damaged, unknown source		50. Seat Type (this Occupant Position)	<input type="radio"/> <input checked="" type="radio"/>
(96) Deployed, unknown if damaged		(00) Occupant not seated or no seat	
(97) Not deployed		(01) Bucket	
(98) Unknown if deployed		(02) Bucket with folding back	
(99) Unknown		(03) Bench	
45. Was The Air Bag Tethered?	<input type="radio"/>	(04) Bench with separate back cushions	
(0) Not equipped/not available		(05) Bench with folding back(s)	
(1) No		(06) Split bench with separate back cushions	
(2) Yes (specify number of tether straps):		(07) Split bench with folding back(s)	
(3) Deployed, unknown if tethered		(08) Pedestal (i.e., column supported)	
(7) Not deployed		(09) Box mounted seat (i.e., van type)	
(8) Unknown if deployed		(10) Other seat type (specify):	
(9) Unknown		<u>School bus bench</u>	
46. Did The Air Bag Have Vent Ports?	<input type="radio"/>	(99) Unknown	
(0) Not equipped/not available		51. Seat Orientation (this Occupant Position)	<input type="radio"/>
(1) No		(0) Occupant not seated or no seat	
(2) Yes (specify number of vent ports):		(1) Forward facing seat	
(3) Deployed, unknown if vent ports present		(2) Rear facing seat	
(7) Not deployed		(3) Side facing seat (inward)	
(8) Unknown if deployed		(4) Side facing seat (outward)	
(9) Unknown		(8) Other (specify):	
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant?	<input type="radio"/>	(9) Unknown	
(0) Not equipped/not available		52. Seat Track Adjusted Position Prior To Impact	<input type="radio"/>
(1) No		(0) Occupant not seated or no seat	
(2) Yes (specify):		(1) Non-adjustable seat track	
(3) Deployed, unknown if other occupant contact to air bag		<i>Adjustable Seat Track</i>	
(7) Not deployed		(2) Seat at forward most track position	
(8) Unknown if deployed		(3) Seat between forward most and middle track positions	
(9) Unknown		(4) Seat at middle track position	
48. Was This Occupant Wearing Eye-wear?	<input type="radio"/>	(5) Seat between middle and rear most track positions	
(0) Not equipped/not available		(6) Seat at rear most track position	
(1) No		(9) Unknown	
(2) Eyeglasses/sunglasses			
(3) Contact lenses			
(4) Deployed, unknown if eyewear worn			
(7) Not deployed			
(8) Unknown if deployed			
(9) Unknown			

HEAD RESTRAINT AND SEAT EVALUATION *continued*

53. Seat Back Incline Prior and Post Impact

0 /

- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

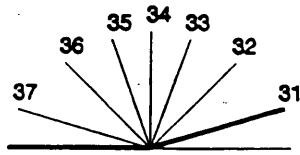
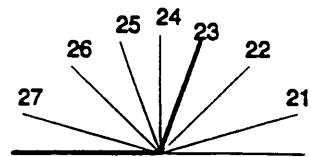
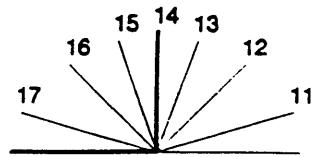
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

Slightly reclined prior to impact

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position
 (99) Unknown



54. Seat Performance (this Occupant Position)

1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed
 (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment
 intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

<p>55. Child Safety Seat Make/Model <u> O O O </u> (000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify): <u>(998) Unknown make/model</u> <u>(999) Unknown if child safety seat used</u></p> <p>56. Type of Child Safety Seat <u> O </u> (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat - with shield (5) Booster seat - without shield (7) Other type child safety seat (specify): <u>(8) Unknown child safety seat type</u> <u>(9) Unknown if child safety seat used</u></p> <p>57. Child Safety Seat Orientation <u> O O </u> <i>Designed for Rear Facing for This Age/Weight</i> (01) Rear facing (02) Forward facing (08) Other orientation (specify): <u>(09) Unknown orientation</u> <i>Designed For Forward Facing for This Age/Weight</i> (11) Rear facing (12) Forward facing (18) Other orientation (specify): <u>(19) Unknown orientation</u> <i>Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight</i> (21) Rear facing (22) Forward facing (28) Other orientation (specify): <u>(29) Unknown orientation</u> <u>(99) Unknown if child safety seat used</u></p>	<p>58. Child Safety Seat Harness Usage <u> O O </u> 59. Child Safety Seat Shield Usage <u> O O </u> 60. Child Safety Seat Tether Usage <u> O O </u> <small>Note: Options below applicable to Variables OA58-OA60.</small> (00) No child safety seat <i>Not Designed With Harness/Shield/Tether</i> (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used <i>Designed With Harness/Shield/Tether</i> (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used <i>Unknown If Designed With Harness/Shield/Tether</i> (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used (99) Unknown if child safety seat used</p>
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INJURY CONSEQUENCES**61. Injury Severity (Police Rating)**

- (0) O - No injury
 (1) C - Possible injury
 (2) B - Nonincapacitating injury
 (3) A - Incapacitating injury
 (4) K - Killed
 (5) U - Injury, severity unknown
 (6) Died prior to accident
 (9) Unknown

2**62. Treatment - Mortality**

- (0) No treatment
 (1) Fatal
 (2) Fatal - ruled disease (specify):

4*Nonfatal*

- (3) Hospitalization
 (4) Transported and released
 (5) Treatment at scene - nontransported
 (6) Treatment later
 (7) Treatment - other (specify):

 (8) Transported to a medical facility-unknown if treated
 (9) Unknown

63. Type Of Medical Facility (for Initial Treatment)

- (0) Not treated at a medical facility
 (1) Trauma center
 (2) Hospital
 (3) Medical clinic
 (4) Physician's office
 (5) Treatment later at medical facility
 (8) Other (specify):

 (9) Unknown

64. Hospital Stay

- (00) Not Hospitalized
 _____ Code the number of days (up through 60) that the occupant stayed in hospital.
 (61) 61 days or more
 (99) Unknown

0 0**65. Working Days Lost**

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
 (00) No working days lost
 (61) 61 days or more
 (62) Fatally injured
 (97) Not working prior to accident
 (99) Unknown

9 7**STOP WORK HERE****VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA****66. Time to Death**

 Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

(00) Not fatal
 (96) Fatal - ruled disease
 (99) Unknown

 67. 1st Medically Reported Cause of Death **68. 2nd Medically Reported Cause of Death** **69. 3rd Medically Reported Cause of Death**

 Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

(00) Not fatal or no additional causes
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant

 Code the actual number of injuries recorded for this occupant.

(00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score (at Medical Facility)

- (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured

72. Was the Occupant Given Blood?

(1) No - blood not given

(2) Yes - blood given

(specify units): _____

(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃

- (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported , HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

BELT USE DETERMINATION**74. Primary Source of Belt Use Determination**

- (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Vehicle inspection
 (2) Official injury data
 (3) Driver/occupant interview
 (8) Other (specify): _____
 (9) Unknown if belt used

OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9516
3. Vehicle Number 01
4. Occupant Number 09

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 09
Code actual age at time of accident.
(00) Less than one year old (specify by month):
(97) 97 years and older
(99) Unknown

6. Occupant's Sex 2
(1) Male
(2) Female-not reported pregnant
(3) Female-pregnant-1st trimester(1st-3rd month)
(4) Female-pregnant-2nd trimester(4th-6th month)
(5) Female-pregnant-3rd trimester(7th-9th month)
(6) Female-pregnant-term unknown
(9) Unknown

7. Occupant's Height 999
Code actual height to the nearest centimeter.
(999) Unknown

____ inches X 2.54 = ____ centimeters

8. Occupant's Weight 999
Code actual weight to the nearest kilogram.
(999) Unknown

____ pounds X .4536 = ____ kilograms

9. Occupant's Role 2
(1) Driver
(2) Passenger
(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify): _____
(15) On or in the lap of another occupant

Second Seat
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify): _____
(25) On or in the lap of another occupant

Third Seat
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify): _____
(35) On or in the lap of another occupant

Fourth Seat
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify): _____
(45) On or in the lap of another occupant

(97) In or on unenclosed area
(98) Other seat (specify): _____
(99) Unknown

11. Occupant's Posture 9
(0) Normal posture

Abnormal posture
(1) Kneeling or standing on seat
(2) Lying on or across seat
(3) Kneeling, standing or sitting in front of seat
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window
(5) Sitting on a console
(6) Lying back in a reclined seat position
(7) Bracing with feet or hands on a surface in front of seat
(8) Other abnormal posture (specify): _____
(9) Unknown

EJECTION/ENTRAPMENT

- | | |
|--|--|
| <p>12. Ejection 0</p> <p>(0) No ejection
(1) Complete ejection
(2) Partial ejection
(3) Ejection, unknown degree
(9) Unknown</p> <p>13. Ejection Area 0</p> <p>(0) No ejection
(1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear
(7) Roof
(8) Other area (e.g., back of pickup, etc.)
(specify): _____
(9) Unknown</p> <p>14. Ejection Medium 0</p> <p>(0) No ejection
(1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify):

(5) Integral structure
(8) Other medium (specify):

(9) Unknown</p> | <p>15. Medium Status (Immediately Prior To Impact) 0</p> <p>(0) No ejection
(1) Open
(2) Closed
(3) Integral structure
(9) Unknown</p> <p>16. Entrapment 0</p> <p>(0) Not entrapped/exit not inhibited
(1) Entrapped/pinned - mechanically restrained
(2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
(9) Unknown</p> <p>17. Occupant Mobility 9</p> <p>(0) Occupant fatal before removed from vehicle
(1) Removed from vehicle while unconscious or disoriented
(2) Removed from vehicle due to injuries
(3) Exited vehicle with some assistance
(4) Exited vehicle under own power
(5) Occupant fully ejected
(9) Unknown</p> |
|--|--|

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability
- (0) None available
 - (1) Belt removed/destroyed
 - (2) Shoulder belt
 - (3) Lap belt
 - (4) Lap and shoulder belt
 - (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____

(9) Unknown _____

19. Manual (Active) Belt System Use
- (00) None used, not available, or belt removed/destroyed
 - (01) Inoperative (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): _____
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts
- (0) None used or not available
 - (1) Belt used properly
 - (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of manual belt system (specify): _____
- (9) Unknown

21. Manual (Active) Belt Failure Modes

During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown

22. Shoulder Belt Upper Anchorage Adjustment
- (0) No shoulder belt
 - (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function
- (0) Not equipped/not available
 - (1) 2 point automatic belts
 - (2) 3 point automatic belts
 - (3) Automatic belts - type unknown

- Non-functional*
- (4) Automatic belts destroyed or rendered inoperative
 - (9) Unknown

24. Automatic (Passive) Belt System Use
- (0) Not equipped/not available/destroyed or rendered inoperative
 - (1) Automatic belt in use
 - (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
 - (3) Automatic belt use unknown
 - (9) Unknown

25. Automatic (Passive) Belt System Type
- (0) Not equipped/not available
 - (1) Non-motorized system
 - (2) Motorized system
 - (9) Unknown

26. Proper Use of Automatic (Passive) Belt System
- (0) Not equipped/not available/not used
 - (1) Automatic belt used properly
 - (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

27. Automatic (Passive) Belt Failure Modes

During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

POLICE REPORTED RESTRAINT USE		AIR BAG SYSTEM FUNCTION	
28. Police Reported Belt Use	<u>O</u>	30. Frontal Air Bag System Availability/Function (This Occupant Position)	<u>O</u>
(0) None used		(0) Not equipped/not available	
(1) Police did not indicate belt use		(1) Air bag	
(2) Shoulder belt		<i>Non-functional</i>	
(3) Lap belt		(2) Air bag disconnected (specify):	
(4) Lap and shoulder belt		(3) _____	
(5) Belt used, type not specified		(9) Unknown	
(6) Child safety seat		31. Frontal Air Bag System Deployment (This Occupant Position)	<u>O</u>
(7) Automatic belt		(0) Not equipped/not available	
(8) Other type belt, (specify):		(1) Deployed during accident (as a result of impact)	
(9) Police indicated "unknown"		(2) Deployed inadvertently just prior to accident	
29. Police Reported Air Bag Availability/Function	<u>/</u>	(3) Deployed, details unknown	
(0) No air bag available		(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)	
(1) Police did not indicate air bag availability/function		(5) Unknown if deployed	
(2) Deployed		(7) Nondeployed	
(3) Not deployed		(9) Unknown	
(4) Unknown if deployed		32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position)	<u>O</u>
(9) Police indicated "unknown"		(0) Not equipped/not available	
Check the Primary Source Used In Determining Belt Use.			
<input checked="" type="checkbox"/> Not equipped/not available/destroyed or rendered inoperative		(1) Air bag	
<input type="checkbox"/> Vehicle inspection		<i>Non-functional</i>	
<input type="checkbox"/> Official injury data		(2) Air bag disconnected (specify):	
<input type="checkbox"/> Driver/occupant interview		(3) _____	
<input type="checkbox"/> Other (specify):		(9) Unknown	
<input type="checkbox"/> Unknown if belt used		<i>Specify type of "other" air bag present:</i>	
<hr/> <hr/> <hr/> <hr/>			
33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position)	<u>O</u>	(0) Not equipped with an "other" air bag	
(1) Deployed during accident (as a result of impact)		(1) Deployed during accident (as a result of impact)	
(2) Deployed inadvertently just prior to accident		(2) Deployed inadvertently just prior to accident	
(3) Deployed, details unknown		(3) Deployed, details unknown	
(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)		(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)	
(5) Unknown if deployed		(5) Unknown if deployed	
(7) Nondeployed		(7) Nondeployed	
(9) Unknown		(9) Unknown	
34. Are There Indications of Air Bag System Failure? (This Occupant Position)	<u>O</u>	(0) Not equipped/not available	
(1) No		(1) No	
(2) Yes (specify):		(2) Yes (specify):	
(9) Unknown		(9) Unknown	

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

- (0) Not equipped/not available
 (1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
 (3) One previous accident with deployment
 (4) More than one previous accident with at least one deployment
 (8) Previous accidents, unknown deployment status
 (9) Unknown

36. Type of Air Bag 0

- (0) Not equipped/not available
 (1) Original manufacturer installed system
 (2) Retrofitted air bag
 (3) Replacement air bag
 (8) Unknown type of air bag
 (9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

- (0) Not equipped/not available
 (1) No prior maintenance
 (2) Yes, prior maintenance (specify):

 (9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 0

- (00) Not equipped/not available
 _____ Code the accident event sequence number that initiated the air bag deployment
 (96) Deployed, unknown event
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown

39. CDC For Air Bag Deployment Impact 0

- (0) Not equipped/not available
 (1) Highest delta V
 (2) Second highest delta V
 (3) Other non-coded delta V (specify):

 (6) Deployed, unknown event
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

40. Longitudinal Component of

Delta V For Air Bag

Deployment Impact

(_000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

- (_996) Deployment, unknown longitudinal Delta V
 (_997) Not deployed
 (_998) Unknown if deployed
 (_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

- (0) Not equipped/not available
 (1) No
 (2) Yes
 (3) Deployed, unknown if flap(s) opened at designated tear points
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify): _____
 (3) Deployed, unknown if air bag module cover flap(s) damaged
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

43. Was There Damage To The Air Bag? 0

- (00) Not equipped/not available
 (01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
 (03) Cut
 (04) Torn
 (05) Holed
 (06) Burned
 (07) Abraded
 (88) Other damage (specify):

- (95) Damaged, details unknown
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION *continued***

44. Source of Air Bag Damage O O
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):

 (03) Object carried by occupant, (specify):

 (04) Adaptive/assistive controls, (specify):

 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (08) Other damage source (specify):

 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? O
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):

 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? O
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):

 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position
Contacted by Another Occupant? O
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

 (3) Deployed, unknown if other occupant contact
to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? O
 (0) Not equipped/not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

49. Head Restraint Type/Damage by Occupant
at This Occupant Position O
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):

 (9) Unknown
50. Seat Type (this Occupant Position) / O
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
School bus bench
 (99) Unknown
51. Seat Orientation (this Occupant Position) /
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):

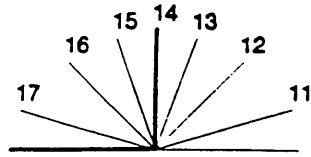
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact /
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track*
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track
positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track
positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*

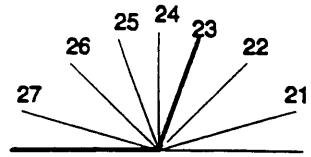
- 53. Seat Back Incline Prior and Post Impact** O /
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

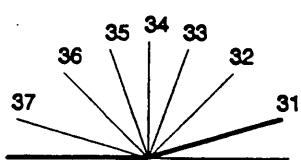
- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

*Slightly reclined prior to impact*

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

*Completely reclined prior to impact*

- (31) Retained pre-impact position
 - (32) Moved to rearward midrange position
 - (33) Moved to slightly rearward position
 - (34) Moved to upright position
 - (35) Moved to slightly forward position
 - (36) Moved to forward midrange position
 - (37) Moved to completely forward position
- (99) Unknown



- 54. Seat Performance (this Occupant Position)** /

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion, (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

CHILD SAFETY SEAT		
<p>55. Child Safety Seat Make/Model <u> O O O </u> (000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify): _____ (998) Unknown make/model (999) Unknown if child safety seat used</p> <p>56. Type of Child Safety Seat <u> O </u> (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat - with shield (5) Booster seat - without shield (7) Other type child safety seat (specify): _____ (8) Unknown child safety seat type (9) Unknown if child safety seat used</p> <p>57. Child Safety Seat Orientation <u> O O </u> <i>Designed for Rear Facing for This Age/Weight</i> (01) Rear facing (02) Forward facing (08) Other orientation (specify): _____ (09) Unknown orientation <i>Designed For Forward Facing for This Age/Weight</i> (11) Rear facing (12) Forward facing (18) Other orientation (specify): _____ (19) Unknown orientation <i>Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight</i> (21) Rear facing (22) Forward facing (28) Other orientation (specify): _____ (29) Unknown orientation (99) Unknown if child safety seat used</p>	<p>58. Child Safety Seat Harness Usage <u> O O </u></p> <p>59. Child Safety Seat Shield Usage <u> O O </u></p> <p>60. Child Safety Seat Tether Usage <u> O O </u></p> <p>Note: Options below applicable to Variables OA58-OA60.</p> <p>(00) No child safety seat</p> <p><i>Not Designed With Harness/Shield/Tether</i></p> <p>(01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used</p> <p><i>Designed With Harness/Shield/Tether</i></p> <p>(11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used</p> <p><i>Unknown If Designed With Harness/Shield/Tether</i></p> <p>(21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used</p> <p>(99) Unknown if child safety seat used</p>	

INJURY CONSEQUENCES**61. Injury Severity (Police Rating)**

- (0) O - No injury
 (1) C - Possible injury
 (2) B - Nonincapacitating injury
 (3) A - Incapacitating injury
 (4) K - Killed
 (5) U - Injury, severity unknown
 (6) Died prior to accident
 (9) Unknown

62. Treatment - Mortality

- (0) No treatment
 (1) Fatal
 (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
 (4) Transported and released
 (5) Treatment at scene - nontransported
 (6) Treatment later
 (7) Treatment - other (specify):
 (8) Transported to a medical facility-unknown if treated
 (9) Unknown

24**63. Type Of Medical Facility (for Initial Treatment)** 2

- (0) Not treated at a medical facility
 (1) Trauma center
 (2) Hospital
 (3) Medical clinic
 (4) Physician's office
 (5) Treatment later at medical facility
 (8) Other (specify):

(9) Unknown

64. Hospital Stay

- (00) Not Hospitalized

_____ Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more
 (99) Unknown

0 0**65. Working Days Lost**

_____ Code the number of days (up through 60) that the occupant lost from work due to the accident

- (00) No working days lost
 (61) 61 days or more
 (62) Fatally injured
 (97) Not working prior to accident
 (99) Unknown

9 7**STOP WORK HERE****VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER

INJURY CONSEQUENCES		TRAUMA DATA	
66. Time to Death _____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60) (00) Not fatal (96) Fatal - ruled disease (99) Unknown	<u>0 0</u>	71. Glasgow Coma Scale (GCS) Score (at Medical Facility) (00) Not injured (01) Injured - not treated at medical facility (02) No GCS Score at medical facility (03-15) Code the actual value of the initial GCS Score recorded at medical facility. (97) Injured, details unknown (99) Unknown if injured	<u>0 2</u>
67. 1st Medically Reported Cause of Death	<u>0 0</u>	72. Was the Occupant Given Blood? (1) No - blood not given (2) Yes - blood given (specify units): _____ (9) Unknown if blood given	<u>1</u>
68. 2nd Medically Reported Cause of Death	<u>0 0</u>	73. Arterial Blood Gases (ABG) - HCO ₃ (00) Not injured (01) Injured, ABGs not measured or reported (02-50) Code the actual value of the HCO ₃ (96) ABGs reported , HCO ₃ unknown (97) Injured, details unknown (99) Unknown if injured	<u>0 1</u>
69. 3rd Medically Reported Cause of Death _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death (00) Not fatal or no additional causes (96) Mode of death given but specific injuries are not linked to cause of death. (specify): (97) Other result (includes fatal ruled disease) (specify): (99) Unknown	<u>0 0</u>	BELT USE DETERMINATION	
70. Number of Recorded Injuries for This Occupant _____ Code the actual number of injuries recorded for this occupant. (00) No recorded injuries (97) Injured, details unknown (99) Unknown if injured	<u>0 1</u>	74. Primary Source of Belt Use Determination (0) Not equipped/not available/destroyed or rendered inoperative (1) Vehicle inspection (2) Official injury data (3) Driver/occupant interview (8) Other (specify): (9) Unknown if belt used	<u>0</u>



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT'S SEATING

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9516
3. Vehicle Number 01
4. Occupant Number 10

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 10
Code actual age at time of accident.
(00) Less than one year old (specify by month):

(97) 97 years and older
(99) Unknown

6. Occupant's Sex 2
(1) Male
(2) Female-not reported pregnant
(3) Female-pregnant-1st trimester(1st-3rd month)
(4) Female-pregnant-2nd trimester(4th-6th month)
(5) Female-pregnant-3rd trimester(7th-9th month)
(6) Female-pregnant-term unknown
(9) Unknown

7. Occupant's Height 999
Code actual height to the nearest centimeter.
(999) Unknown

 inches X 2.54 = centimeters

8. Occupant's Weight 999
Code actual weight to the nearest kilogram.
(999) Unknown

 pounds X .4536 = kilograms

9. Occupant's Role 2
(1) Driver
(2) Passenger
(9) Unknown

10. Occupant's Seat Position 99

Front Seat

- (11) Left side
- (12) Middle
- (13) Right side
- (14) Other (specify): _____
- (15) On or in the lap of another occupant

Second Seat

- (21) Left side
- (22) Middle
- (23) Right side
- (24) Other (specify): _____
- (25) On or in the lap of another occupant

Third Seat

- (31) Left side
- (32) Middle
- (33) Right side
- (34) Other (specify): _____
- (35) On or in the lap of another occupant

Fourth Seat

- (41) Left side
- (42) Middle
- (43) Right side
- (44) Other (specify): _____
- (45) On or in the lap of another occupant

(97) In or on unenclosed area

- (98) Other seat (specify): _____
- (99) Unknown

11. Occupant's Posture 9
(0) Normal posture

Abnormal posture

- (1) Kneeling or standing on seat
- (2) Lying on or across seat
- (3) Kneeling, standing or sitting in front of seat
- (4) Sitting sideways or turned to talk with another occupant or to look out a rear window
- (5) Sitting on a console
- (6) Lying back in a reclined seat position
- (7) Bracing with feet or hands on a surface in front of seat
- (8) Other abnormal posture (specify): _____

- (9) Unknown

EJECTION/ENTRAPMENT

- | | | | |
|---|----------|---|----------|
| 12. Ejection
(0) No ejection
(1) Complete ejection
(2) Partial ejection
(3) Ejection, unknown degree
(9) Unknown | <u>0</u> | 15. Medium Status (Immediately Prior To Impact)
(0) No ejection
(1) Open
(2) Closed
(3) Integral structure
(9) Unknown | <u>0</u> |
|---|----------|---|----------|

- | | | | |
|--|----------|---|----------|
| 13. Ejection Area
(0) No ejection
(1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear
(7) Roof
(8) Other area (e.g., back of pickup, etc.)
(specify): _____
(9) Unknown | <u>0</u> | 16. Entrapment
(0) Not entrapped/exit not inhibited
(1) Entrapped/pinned - mechanically restrained
(2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
(9) Unknown | <u>0</u> |
|--|----------|---|----------|

- | | | | |
|--|----------|--|----------|
| 14. Ejection Medium
(0) No ejection
(1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify):

(5) Integral structure
(8) Other medium (specify):

(9) Unknown | <u>0</u> | 17. Occupant Mobility
(0) Occupant fatal before removed from vehicle
(1) Removed from vehicle while unconscious or disoriented
(2) Removed from vehicle due to injuries
(3) Exited vehicle with some assistance
(4) Exited vehicle under own power
(5) Occupant fully ejected
(9) Unknown | <u>9</u> |
|--|----------|--|----------|

BELT SYSTEM FUNCTION

<p>18. Manual (Active) Belt System Availability</p> <p>(0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown</p> <p><i>Integral Belt Partially Destroyed</i></p> <p>(6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed) (8) Other belt (specify): _____ (9) Unknown _____</p> <p>19. Manual (Active) Belt System Use</p> <p>(00) None used, not available, or belt removed/destroyed (01) Inoperative (specify): (02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown (08) Other belt used (specify): (12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat (15) Belt used with child safety seat—type unknown (18) Other belt used with child safety seat (specify): (99) Unknown if belt used</p> <p>20. Proper Use of Manual (Active) Belts</p> <p>(0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat</p> <p><i>Belt Used Improperly</i></p> <p>(3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat (5) Belt worn around more than one person (6) Lap belt worn on abdomen (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): (8) Other improper use of manual belt system (specify): (9) Unknown</p> <p>21. Manual (Active) Belt Failure Modes During Accident</p> <p>(0) No manual belt used or not available (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other manual belt failure (specify): (9) Unknown</p>	<p>22. Shoulder Belt Upper Anchorage Adjustment</p> <p>(0) No shoulder belt (1) No upper anchorage adjustment for shoulder belt</p> <p><i>Adjustable shoulder Belt Upper Anchorage</i></p> <p>(2) In full up position (3) In mid position (4) In full down position (5) Position unknown (9) Unknown if position has adjustable upper anchorage adjustment</p> <p>23. Automatic (Passive) Belt System Availability/Function</p> <p>(0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown</p> <p><i>Non-functional</i></p> <p>(4) Automatic belts destroyed or rendered inoperative (9) Unknown</p> <p>24. Automatic (Passive) Belt System Use</p> <p>(0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): (3) Automatic belt use unknown (9) Unknown</p> <p>25. Automatic (Passive) Belt System Type</p> <p>(0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown</p> <p>26. Proper Use of Automatic (Passive) Belt System</p> <p>(0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat</p> <p><i>Automatic Belt Used Improperly</i></p> <p>(3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): (8) Other improper use of automatic belt system (specify): (9) Unknown</p> <p>27. Automatic (Passive) Belt Failure Modes During Accident</p> <p>(0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify): (9) Unknown</p>
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POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION
<p>28. Police Reported Belt Use O</p> <p>(0) None used (1) Police did not indicate belt use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Automatic belt (8) Other type belt, (specify): _____ (9) Police indicated "unknown"</p>	<p>30. Frontal Air Bag System Availability/Function (This Occupant Position) O</p> <p>(0) Not equipped/not available (1) Air bag <i>Non-functional</i> (2) Air bag disconnected (specify): _____ (3) Air bag not reinstalled (9) Unknown</p>
<p>29. Police Reported Air Bag Availability/Function /</p> <p>(0) No air bag available (1) Police did not indicate air bag availability/function (2) Deployed (3) Not deployed (4) Unknown if deployed (9) Police indicated "unknown"</p>	<p>31. Frontal Air Bag System Deployment (This Occupant Position) O</p> <p>(0) Not equipped/not available (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p>
<p>Check the Primary Source Used In Determining Belt Use.</p> <p><input checked="" type="checkbox"/> Not equipped/not available/destroyed or rendered inoperative <input type="checkbox"/> Vehicle inspection <input type="checkbox"/> Official injury data <input type="checkbox"/> Driver/occupant interview <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown if belt used _____ _____ _____</p>	<p>32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) O</p> <p>(0) Not equipped/not available (1) Air bag <i>Non-functional</i> (2) Air bag disconnected (specify): _____ (3) Air bag not reinstalled (9) Unknown <i>Specify type of "other" air bag present:</i> _____</p>
	<p>33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) O</p> <p>(0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p> <p>34. Are There Indications of Air Bag System Failure? (This Occupant Position) O</p> <p>(0) Not equipped/not available (1) No (2) Yes (specify): _____ (9) Unknown</p>

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

<p>35. Had Vehicle Been in Previous Accident(s)? <input checked="" type="checkbox"/></p> <p>(0) Not equipped/not available (1) No previous accidents</p> <p>Yes</p> <p>(2) Previous accident(s) without deployment(s) (3) One previous accident with deployment (4) More than one previous accident with at least one deployment (8) Previous accidents, unknown deployment status (9) Unknown</p>	<p>40. Longitudinal Component of Delta V For Air Bag Deployment Impact <input checked="" type="checkbox"/> + <input type="checkbox"/> (000) Not equipped/not available <i>Code the value of the delta V for the impact that initiated the air bag deployment</i> (996) Deployment, unknown longitudinal Delta V (997) Not deployed (998) Unknown if deployed (999) Unknown</p>
<p>36. Type of Air Bag <input checked="" type="checkbox"/></p> <p>(0) Not equipped/not available (1) Original manufacturer installed system (2) Retrofitted air bag (3) Replacement air bag (8) Unknown type of air bag (9) Unknown</p>	<p>41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? <input checked="" type="checkbox"/></p> <p>(0) Not equipped/not available (1) No (2) Yes (3) Deployed, unknown if flap(s) opened at designated tear points (7) Not deployed (8) Unknown if deployed (9) Unknown</p>
<p>37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? <input checked="" type="checkbox"/></p> <p>(0) Not equipped/not available (1) No prior maintenance (2) Yes, prior maintenance (specify): _____ (9) Unknown</p>	<p>42. Were Air Bag Module Cover Flap(s) Damaged? <input checked="" type="checkbox"/></p> <p>(0) Not equipped/not available (1) No (2) Yes (specify): _____ (3) Deployed, unknown if air bag module cover flap(s) damaged (7) Not deployed (8) Unknown if deployed (9) Unknown</p>
<p>38. Air Bag Deployment Accident Event Sequence Number <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <p>(00) Not equipped/not available _____ Code the accident event sequence number that initiated the air bag deployment (96) Deployed, unknown event (97) Not deployed (98) Unknown if deployed (99) Unknown</p>	<p>43. Was There Damage To The Air Bag? <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <p>(00) Not equipped/not available (01) Not damaged</p> <p>Yes - Air Bag Damage</p> <p>(02) Ruptured (03) Cut (04) Torn (05) Holed (06) Burned (07) Abraded (88) Other damage (specify): _____</p> <p>(95) Damaged, details unknown (96) Deployed, unknown if damaged (97) Not deployed (98) Unknown if deployed (99) Unknown</p>
<p>39. CDC For Air Bag Deployment Impact <input checked="" type="checkbox"/></p> <p>(0) Not equipped/not available (1) Highest delta V (2) Second highest delta V (3) Other non-coded delta V (specify): _____</p> <p>(6) Deployed, unknown event (7) Not deployed (8) Unknown if deployed (9) Unknown</p>	

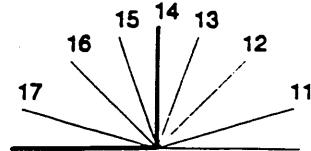
FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION <i>continued</i>		HEAD RESTRAINT AND SEAT EVALUATION	
44. Source of Air Bag Damage	<input type="radio"/> <input checked="" type="radio"/>	49. Head Restraint Type/Damage by Occupant at This Occupant Position	<input type="radio"/>
(00) Not equipped/not available		(0) No head restraints	
(01) Not damaged		(1) Integral—no damage	
(02) Object worn by occupant, (specify):		(2) Integral—damaged during accident	
(03) Object carried by occupant, (specify):		(3) Adjustable—no damage	
(04) Adaptive/assistive controls, (specify):		(4) Adjustable—damaged during accident	
(05) Fire in vehicle		(5) Add-on—no damage	
(06) Thermal burns		(6) Add-on—damaged during accident	
(07) Rescue or emergency efforts		(8) Other (specify):	
(08) Other damage source (specify):		(9) Unknown	
(95) Damaged, unknown source		50. Seat Type (this Occupant Position)	<input type="radio"/> <input checked="" type="radio"/>
(96) Deployed, unknown if damaged		(00) Occupant not seated or no seat	
(97) Not deployed		(01) Bucket	
(98) Unknown if deployed		(02) Bucket with folding back	
(99) Unknown		(03) Bench	
45. Was The Air Bag Tethered?	<input type="radio"/>	(04) Bench with separate back cushions	
(0) Not equipped/not available		(05) Bench with folding back(s)	
(1) No		(06) Split bench with separate back cushions	
(2) Yes (specify number of tether straps):		(07) Split bench with folding back(s)	
(3) Deployed, unknown if tethered		(08) Pedestal (i.e., column supported)	
(7) Not deployed		(09) Box mounted seat (i.e., van type)	
(8) Unknown if deployed		(10) Other seat type (specify):	
(9) Unknown		<u>School bus bench</u>	
46. Did The Air Bag Have Vent Ports?	<input type="radio"/>	(99) Unknown	
(0) Not equipped/not available		51. Seat Orientation (this Occupant Position)	<input type="radio"/>
(1) No		(0) Occupant not seated or no seat	
(2) Yes (specify number of vent ports):		(1) Forward facing seat	
(3) Deployed, unknown if vent ports present		(2) Rear facing seat	
(7) Not deployed		(3) Side facing seat (inward)	
(8) Unknown if deployed		(4) Side facing seat (outward)	
(9) Unknown		(8) Other (specify):	
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant?	<input type="radio"/>	(9) Unknown	
(0) Not equipped/not available		52. Seat Track Adjusted Position Prior To Impact	<input type="radio"/>
(1) No		(0) Occupant not seated or no seat	
(2) Yes (specify):		(1) Non-adjustable seat track	
(3) Deployed, unknown if other occupant contact to air bag		<i>Adjustable Seat Track</i>	
(7) Not deployed		(2) Seat at forward most track position	
(8) Unknown if deployed		(3) Seat between forward most and middle track positions	
(9) Unknown		(4) Seat at middle track position	
48. Was This Occupant Wearing Eye-wear?	<input type="radio"/>	(5) Seat between middle and rear most track positions	
(0) Not equipped/not available		(6) Seat at rear most track position	
(1) No		(9) Unknown	
(2) Eyeglasses/sunglasses			
(3) Contact lenses			
(4) Deployed, unknown if eyewear worn			
(7) Not deployed			
(8) Unknown if deployed			
(9) Unknown			

HEAD RESTRAINT AND SEAT EVALUATION *continued***53. Seat Back Incline Prior and Post Impact**0 /

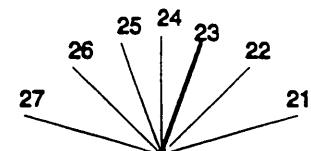
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

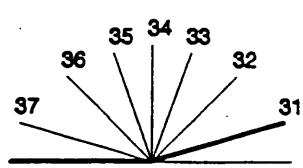
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

*Slightly reclined prior to impact*

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

*Completely reclined prior to impact*

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position
 (99) Unknown

**54. Seat Performance (this Occupant Position)**1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed
 (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment
 intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT		
<p>55. Child Safety Seat Make/Model <u> 0 0 0 </u> (000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify): <u>(998) Unknown make/model</u> <u>(999) Unknown if child safety seat used</u></p>	<p>58. Child Safety Seat Harness Usage <u> 0 0 </u></p>	
<p>56. Type of Child Safety Seat <u> 0 </u> (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat - with shield (5) Booster seat - without shield (7) Other type child safety seat (specify): <u>(8) Unknown child safety seat type</u> <u>(9) Unknown if child safety seat used</u></p>	<p>59. Child Safety Seat Shield Usage <u> 0 0 </u></p> <p>60. Child Safety Seat Tether Usage <u> 0 0 </u></p> <p>Note: Options below applicable to Variables OA58-OA60.</p> <p>(00) No child safety seat</p> <p><i>Not Designed With Harness/Shield/Tether</i></p> <p>(01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used</p> <p><i>Designed With Harness/Shield/Tether</i></p> <p>(11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used</p> <p><i>Unknown If Designed With Harness/Shield/Tether</i></p> <p>(21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used</p> <p>(99) Unknown if child safety seat used</p>	
<p>57. Child Safety Seat Orientation <u> 0 0 </u> (00) No child safety seat</p> <p><i>Designed for Rear Facing for This Age/Weight</i></p> <p>(01) Rear facing (02) Forward facing (08) Other orientation (specify): <u>(09) Unknown orientation</u></p> <p><i>Designed For Forward Facing for This Age/Weight</i></p> <p>(11) Rear facing (12) Forward facing (18) Other orientation (specify): <u>(19) Unknown orientation</u></p> <p><i>Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight</i></p> <p>(21) Rear facing (22) Forward facing (28) Other orientation (specify): <u>(29) Unknown orientation</u></p> <p>(99) Unknown if child safety seat used</p>		

INJURY CONSEQUENCES		
<p>61. Injury Severity (Police Rating)</p> <p>(0) O - No injury (1) C - Possible injury (2) B - Nonincapacitating injury (3) A - Incapacitating injury (4) K - Killed (5) U - Injury, severity unknown (6) Died prior to accident (9) Unknown</p> <p>62. Treatment - Mortality</p> <p>(0) No treatment (1) Fatal (2) Fatal - ruled disease (specify): <hr/></p> <p><i>Nonfatal</i></p> <p>(3) Hospitalization (4) Transported and released (5) Treatment at scene - nontransported (6) Treatment later (7) Treatment - other (specify): <hr/> (8) Transported to a medical facility-unknown if treated (9) Unknown</p>	<p><u>2</u></p> <p><u>4</u></p>	<p>63. Type Of Medical Facility (for Initial Treatment) <u>2</u></p> <p>(0) Not treated at a medical facility (1) Trauma center (2) Hospital (3) Medical clinic (4) Physician's office (5) Treatment later at medical facility (8) Other (specify): <hr/> (9) Unknown</p> <p>64. Hospital Stay <u>0 0</u></p> <p>(00) Not Hospitalized <hr/>Code the number of days (up through 60) that the occupant stayed in hospital. (61) 61 days or more (99) Unknown</p> <p>65. Working Days Lost <u>9 7</u></p> <p>Code the number of days (up through 60) that the occupant lost from work due to the accident</p> <p>(00) No working days lost (61) 61 days or more (62) Fatally injured (97) Not working prior to accident (99) Unknown</p>

STOP WORK HERE

VARIABLES 66-74

TO BE CODED BY THE ZONE CENTER

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA****66. Time to Death**0 0

 Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

(00) Not fatal

(96) Fatal - ruled disease

(99) Unknown

0 2**67. 1st Medically Reported Cause of Death**0 0**68. 2nd Medically Reported Cause of Death**0 0**69. 3rd Medically Reported Cause of Death**0 0

 Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

(00) Not fatal or no additional causes

(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant0 1

 Code the actual number of injuries recorded for this occupant.

(00) No recorded injuries

(97) Injured, details unknown

(99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score (at Medical Facility)

(00) Not injured

(01) Injured - not treated at medical facility

(02) No GCS Score at medical facility

(03-15) Code the actual value of the initial GCS Score recorded at medical facility.

(97) Injured, details unknown

(99) Unknown if injured

72. Was the Occupant Given Blood?

(1) No - blood not given

(2) Yes - blood given

(specify units): _____

(9) Unknown if blood given

1**73. Arterial Blood Gases (ABG) - HCO₃**0 1

(00) Not injured

(01) Injured, ABGs not measured or reported

(02-50) Code the actual value of the HCO₃(96) ABGs reported , HCO₃ unknown

(97) Injured, details unknown

(99) Unknown if injured

BELT USE DETERMINATION**74. Primary Source of Belt Use Determination**0

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Vehicle inspection

(2) Official injury data

(3) Driver/occupant interview

(8) Other (specify): _____

(9) Unknown if belt used

Appendix L:

NASS CDS OCCUPANT INJURY FORMS:

CASE VEHICLE OCCUPANTS

BEST AVAILABLE



U.S. Department of Transportation
National Highway Traffic Safety
Administration

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT INJURY FORM

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>9516</u>	4. Occupant Number	<u>02</u>

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S. - 90			Injury Source	Injury Confidence Level	Occupant Area				
			Specific Anatomic Structure	Level of Injury	A.I.S. Severity				Aspect	Direct/Indirect Injury		
Contusion Scalp	1st	5. <u>9</u>	6. <u>1</u>	7. <u>9</u>	8. <u>04</u>	9. <u>02</u>	10. <u>1</u>	11. <u>9</u>	12. <u>697</u>	13. <u>9</u>	14. <u>7</u>	15. <u>00</u>
	2nd	16. <u> </u>	17. <u> </u>	18. <u> </u>	19. <u> </u>	20. <u> </u>	21. <u> </u>	22. <u> </u>	23. <u> </u>	24. <u> </u>	25. <u> </u>	26. <u> </u>
	3rd	27. <u> </u>	28. <u> </u>	29. <u> </u>	30. <u> </u>	31. <u> </u>	32. <u> </u>	33. <u> </u>	34. <u> </u>	35. <u> </u>	36. <u> </u>	37. <u> </u>
	4th	38. <u> </u>	39. <u> </u>	40. <u> </u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>	47. <u> </u>	48. <u> </u>
	5th	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>
	6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>
	7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>
	8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>
	9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>
	10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>

OCCUPANT INJURY DATA



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

BEST AVAILABLE

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>9516</u>	4. Occupant Number	<u>03</u>

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

A.I.S. - 90								Injury Source	Direct/Indirect Injury	Occupant Area Intrusion Number	
Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Confidence Level			
1st	5. <u>9</u>	6. <u>1</u>	7. <u>9</u>	8. <u>04</u>	9. <u>02</u>	10. <u>1</u>	11. <u>9</u>	12. <u>697</u>	13. <u>9</u>	14. <u>7</u>	15. <u>00</u>
2nd	16. <u> </u>	17. <u> </u>	18. <u> </u>	19. <u> </u>	20. <u> </u>	21. <u> </u>	22. <u> </u>	23. <u> </u>	24. <u> </u>	25. <u> </u>	26. <u> </u>
3rd	27. <u> </u>	28. <u> </u>	29. <u> </u>	30. <u> </u>	31. <u> </u>	32. <u> </u>	33. <u> </u>	34. <u> </u>	35. <u> </u>	36. <u> </u>	37. <u> </u>
4th	38. <u> </u>	39. <u> </u>	40. <u> </u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>	47. <u> </u>	48. <u> </u>
5th	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>
6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>

OCCUPANT INJURY DATA



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National Highway Traffic Safety
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O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>9516</u>	4. Occupant Number	<u>04</u>

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S. - 90			Injury Source Confidence Level	Injury Direct/Indirect Injury	Occupant Area Intrusion Number			
			Specific Anatomic Structure	Level of Injury	A.I.S. Severity				Aspect		
Injured lower 1st extremity	5. <u>9</u>	6. <u>8</u>	7. <u>9</u>	8. <u>00</u>	9. <u>99</u>	10. <u>1</u>	11. <u>9</u>	12. <u>697</u>	13. <u>9</u>	14. <u>7</u>	15. <u>00</u>
2nd	16. <u> </u>	17. <u> </u>	18. <u> </u>	19. <u> </u>	20. <u> </u>	21. <u> </u>	22. <u> </u>	23. <u> </u>	24. <u> </u>	25. <u> </u>	26. <u> </u>
3rd	27. <u> </u>	28. <u> </u>	29. <u> </u>	30. <u> </u>	31. <u> </u>	32. <u> </u>	33. <u> </u>	34. <u> </u>	35. <u> </u>	36. <u> </u>	37. <u> </u>
4th	38. <u> </u>	39. <u> </u>	40. <u> </u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>	47. <u> </u>	48. <u> </u>
5th	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>
6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>

OCCUPANT INJURY DATA



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CRASHWORTHINESS DATA SYSTEM

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2. Case Number - Stratum	<u>9516</u>	4. Occupant Number	<u>05</u>

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	A.I.S. - 90			Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number	
		Type of Anatomic Structure	Specific Anatomic Structure	A.I.S.								
1st	Contusion	5. <u>9</u>	6. <u>1</u>	7. <u>9</u>	8. <u>04</u>	9. <u>02</u>	10. <u>1</u>	11. <u>9</u>	12. <u>697</u>	13. <u>9</u>	14. <u>7</u>	15. <u>00</u>
2nd	Scrap	16. <u> </u>	17. <u> </u>	18. <u> </u>	19. <u> </u>	20. <u> </u>	21. <u> </u>	22. <u> </u>	23. <u> </u>	24. <u> </u>	25. <u> </u>	26. <u> </u>
3rd		27. <u> </u>	28. <u> </u>	29. <u> </u>	30. <u> </u>	31. <u> </u>	32. <u> </u>	33. <u> </u>	34. <u> </u>	35. <u> </u>	36. <u> </u>	37. <u> </u>
4th		38. <u> </u>	39. <u> </u>	40. <u> </u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>	47. <u> </u>	48. <u> </u>
5th		49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>
6th		60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>
7th		71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>
8th		82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>
9th		93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>
10th		104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>

OCCUPANT INJURY DATA



U.S. Department of Transportation
National Highway Traffic Safety
Administration

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT INJURY FORM

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9516

4. Occupant Number

06

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	A.I.S. - 90						Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number		
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect					
Abrasion <i>(R) elbow^{1st}</i>	5. <u>3</u>	6. <u>7</u>	7. <u>9</u>	8. <u>02</u>	9. <u>02</u>	10. <u>1</u>	11. <u>1</u>	12. <u>101</u>	13. <u>2</u>	14. <u>1</u>	15. <u>00</u>
Contusion <i>(R) elbow^{2nd}</i>	16. <u>3</u>	17. <u>7</u>	18. <u>9</u>	19. <u>04</u>	20. <u>02</u>	21. <u>1</u>	22. <u>1</u>	23. <u>101</u>	24. <u>2</u>	25. <u>1</u>	26. <u>00</u>
3rd	27. <u> </u>	28. <u> </u>	29. <u> </u>	30. <u> </u>	31. <u> </u>	32. <u> </u>	33. <u> </u>	34. <u> </u>	35. <u> </u>	36. <u> </u>	37. <u> </u>
4th	38. <u> </u>	39. <u> </u>	40. <u> </u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>	47. <u> </u>	48. <u> </u>
5th	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>
6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>

OCCUPANT INJURY DATA

OCCUPANT INJURY CLASSIFICATION

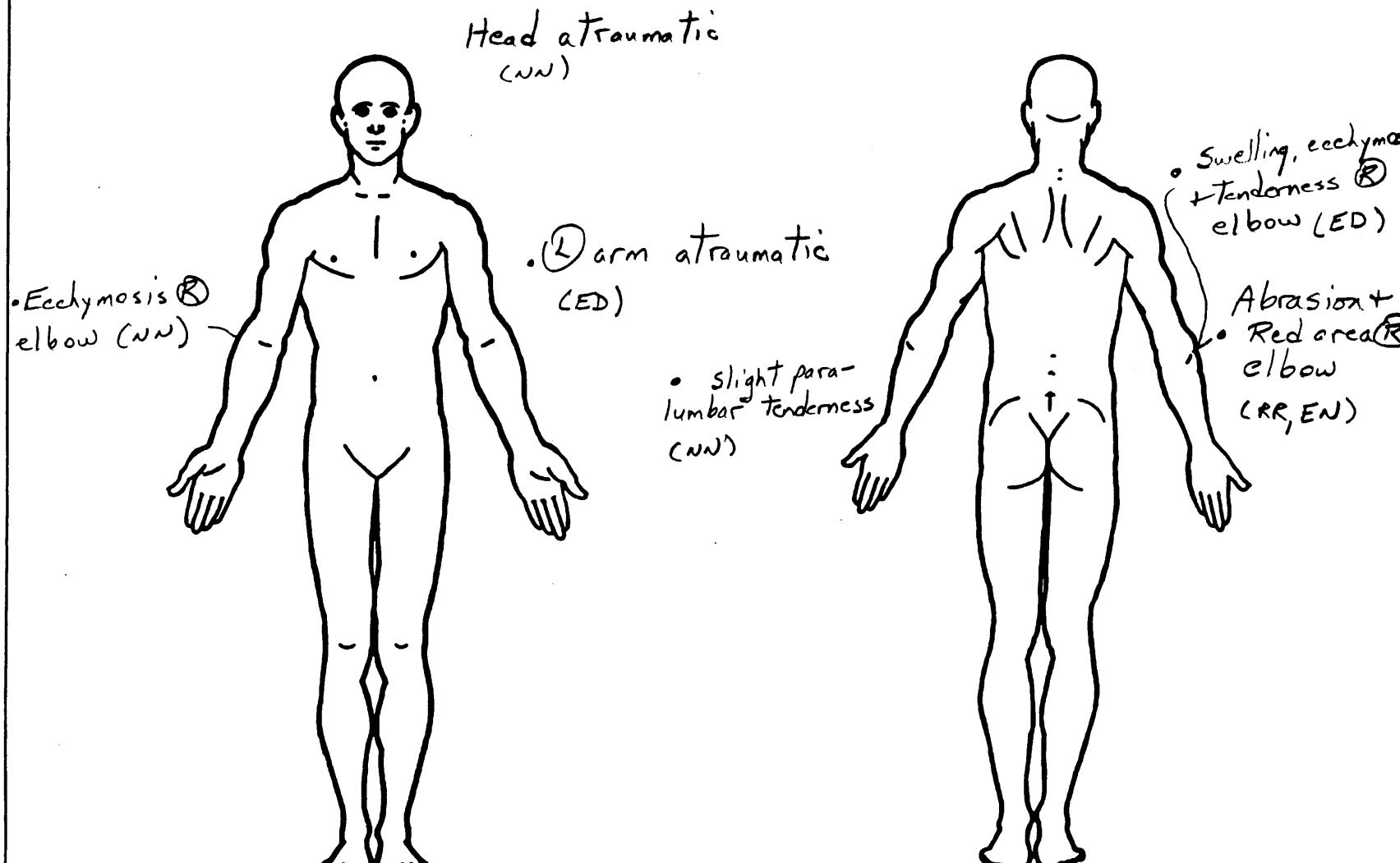
Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head (2) Face (3) Neck (4) Thorax (5) Abdomen (6) Spine (7) Upper Extremity (8) Lower Extremity (9) Unspecified	<u>Vessels, Nerves, Organs.</u> <u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02. The exceptions to this rule apply to:	Specific injuries are assigned consecutive two-digit numbers beginning with 02. To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(1) Right (2) Left (3) Bilateral (4) Central (5) Anterior (6) Posterior (7) Superior (8) Inferior (9) Unknown (0) Whole region
Type of Anatomic Structure	Whole Area (02) Skin - Abrasion (04) Skin - Contusion (06) Skin - Laceration (08) Skin - Avulsion (10) Amputation (20) Burn (30) Crush (40) Degloving (50) Injury - NFS (90) Trauma, other than mechanical	Abbreviated Injury Scale (1) Minor Injury (2) Moderate Injury (3) Serious Injury (4) Severe Injury (5) Critical Injury (6) Maximum (untreatable) (7) Injured, unknown severity	
(1) Whole Area (2) Vessels (3) Nerves (4) Organs (includes Muscles/ligaments) (5) Skeletal (includes joints) (6) Head - LOC (9) Skin	Head - LOC (02) Length of LOC (04) Level (06) of (08) Consciousness (10) Concussion		
	Spine (02) Cervical (04) Thoracic (06) Lumbar		

SOURCE OF INJURY DATA	INJURY SOURCE	DIRECT/INDIRECT INJURY
<p>OFFICIAL RECORDS</p> (1) Autopsy records with or without hospital/medical records (2) Hospital/medical records other than emergency room (e.g., discharge summary) (3) Emergency room records only (including associated X-rays or other lab reports) (4) Private physician, walk-in or emergency clinic UNOFFICIAL RECORDS (5) Lay coroner report (6) E.M.S. personnel (7) Interviewee (8) Other source (specify): _____ (9) Police _____	CONFIDENCE LEVEL (1) Certain (2) Probable (3) Possible (9) Unknown	(1) Direct contact injury (2) Indirect contact injury (3) Noncontact injury (7) Injured, unknown source

OFFICIAL INJURY DATA - SOFT TISSUE INJURIES

- Hit R arm on side of bus (ED)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

 No Yes

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Blood Alcohol Level (mg/dl)

BAL = _____

Glasgow Coma Scale Score

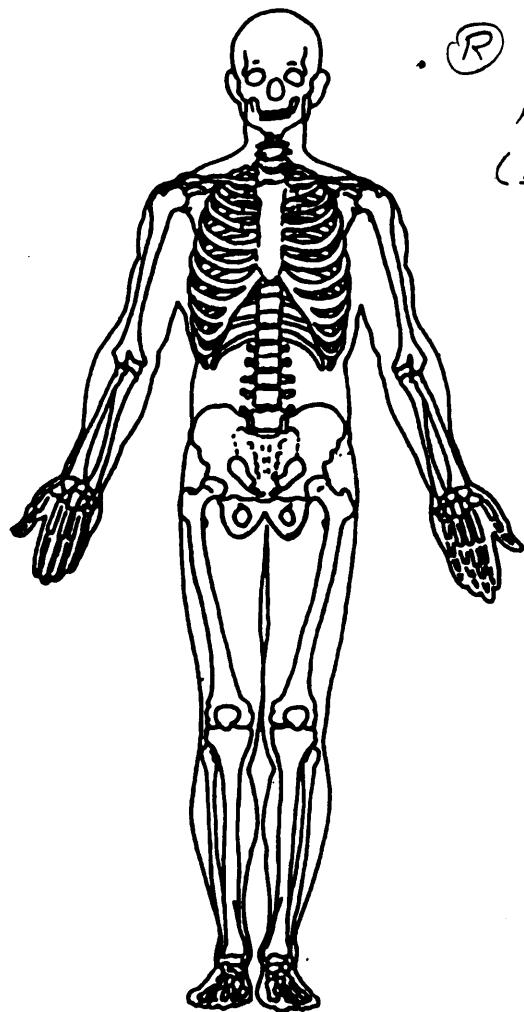
GCSS = 15
(EN)

Units of Blood Given

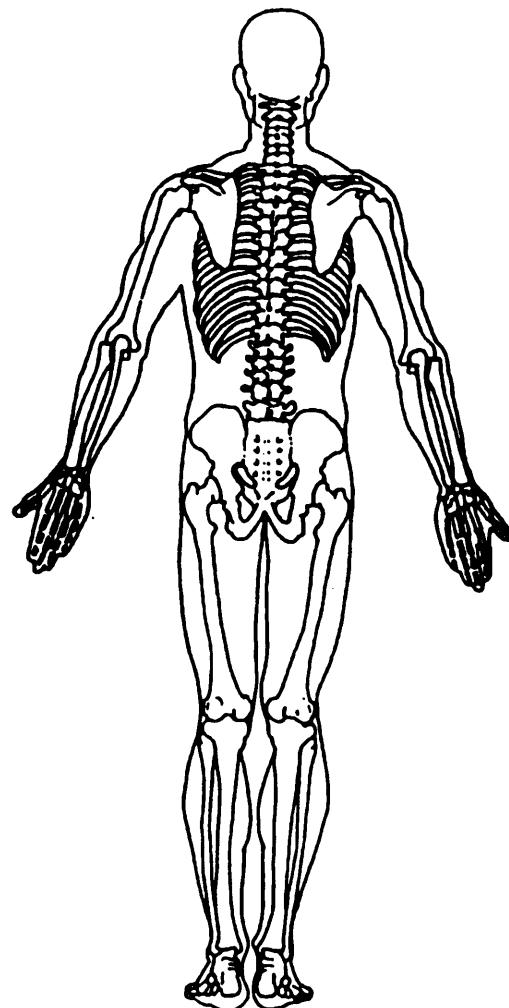
Units = _____

Arterial Blood Gases

pH = _____

PO₂ = _____PCO₂ = _____HCO₃ = _____

• (R) elbow :
normal
(ER, EX)



INJURY SOURCES

FRONT

- (001) Windshield
 (002) Mirror
 (003) Sunvisor
 (004) Steering wheel rim
 (005) Steering wheel hub/spoke
 (006) Steering wheel (combination of codes 004 and 005)
 (007) Steering column, transmission selector lever, other attachment
 (008) Cellular telephone or CB radio
 (009) Add on equipment (e.g., tape deck, air conditioner)
 (010) Left instrument panel and below
 (011) Center instrument panel and below
 (012) Right instrument panel and below
 (013) Glove compartment door
 (014) Knee bolster
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
 (017) Windshield reinforced by exterior object (specify)
-
- (019) Other front object (specify):
-

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
 (052) Left side hardware or armrest
 (053) Left A (A1/A2)-pillar
 (054) Left B-pillar
 (055) Other left pillar (specify):
-
- (056) Left side window glass
 (057) Left side window frame
 (058) Left side window sill
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (060) Other left side object (specify):
-

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
 (103) Right A (A1/A2)-pillar
 (104) Right B-pillar
 (105) Other right pillar (specify):
-

- (106) Right side window glass
 (107) Right side window frame
 (108) Right side window sill
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (110) Other right side object (specify):
-

INTERIOR

- (151) Seat, back support
 (152) Belt restraint webbing/buckle
 (153) Belt restraint B-pillar or door frame attachment point
 (154) Other restraint system component (specify):
-

- (155) Head restraint system
 (160) Other occupants (specify):
-

- (161) Interior loose objects
 (162) Child safety seat (specify):
-

- (163) Other interior object (specify):
-

AIR BAG

- (170) Air bag-driver side

- (171) Air bag-driver side and eyewear

- (172) Air bag-driver side and jewelry

- (173) Air bag-driver side and object held

- (174) Air bag-driver side and object in mouth

- (175) Air bag compartment cover-driver side

- (176) Air bag compartment cover-driver side and eyewear

- (177) Air bag compartment cover-driver side and jewelry

- (178) Air bag compartment cover-driver side and object held

- (179) Air bag compartment cover-driver side and object in mouth

- (180) Air bag-passenger side

- (181) Air bag-passenger side and eyewear

- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held

- (184) Air bag-passenger side and object in mouth

- (185) Air bag compartment cover-passenger side

- (186) Air bag compartment cover-passenger side and eyewear

- (187) Air bag compartment cover-passenger side and jewelry

- (188) Air bag compartment cover-passenger side and object held

- (189) Air bag compartment cover-passenger side and object in mouth

- (190) Other air bag (specify):
-

- (195) Other air bag compartment cover (specify):
-

ROOF

- (201) Front header

- (202) Rear header

- (203) Roof left side rail

- (204) Roof right side rail

- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)

- (252) Floor or console mounted transmission lever, including console

- (253) Parking brake handle

- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)

- (302) Backlight storage rack, door, etc.

- (303) Other rear object (specify):
-

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration

- (402) Steering control devices (attached to OEM steering wheel)

- (403) Steering knob attached to steering wheel

- (405) Replacement steering wheel (i.e., reduced diameter)

- (406) Joy stick steering controls

- (407) Wheelchair tie-downs

- (408) Modification to seat belts, (specify):

- (409) Additional or relocated switches, (specify):

- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)

- (412) Other adaptive device (specify):
-

EXTERIOR OF OCCUPANT'S VEHICLE

- (451) Hood

- (452) Outside hardware (e.g., outside mirror, antenna)

- (453) Other exterior surface or tires (specify):
-

- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper

- (502) Hood edge

- (503) Other front of vehicle (specify):
-

- (504) Hood

- (505) Hood ornament

- (506) Windshield, roof rail, A-pillar

- (507) Side surface

- (508) Side mirrors

- (509) Other side protrusions (specify):
-

- (510) Rear surface

- (511) Undercarriage

- (512) Tires and wheels

- (513) Other exterior of other motor vehicle (specify):
-

- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground

- (598) Other vehicle or object (specify):
-

- (599) Unknown vehicle or object

NONCONTACT INJURY

- (601) Fire in vehicle

- (602) Flying glass

- (603) Other noncontact injury source (specify):

- (604) Air bag exhaust gases

- (697) Injured, unknown source

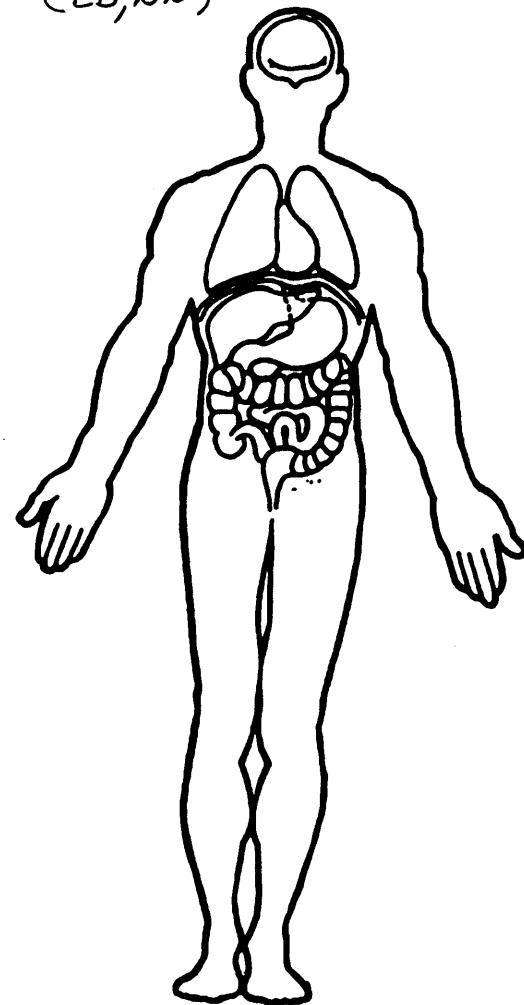
BEST AVAILABLE

OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

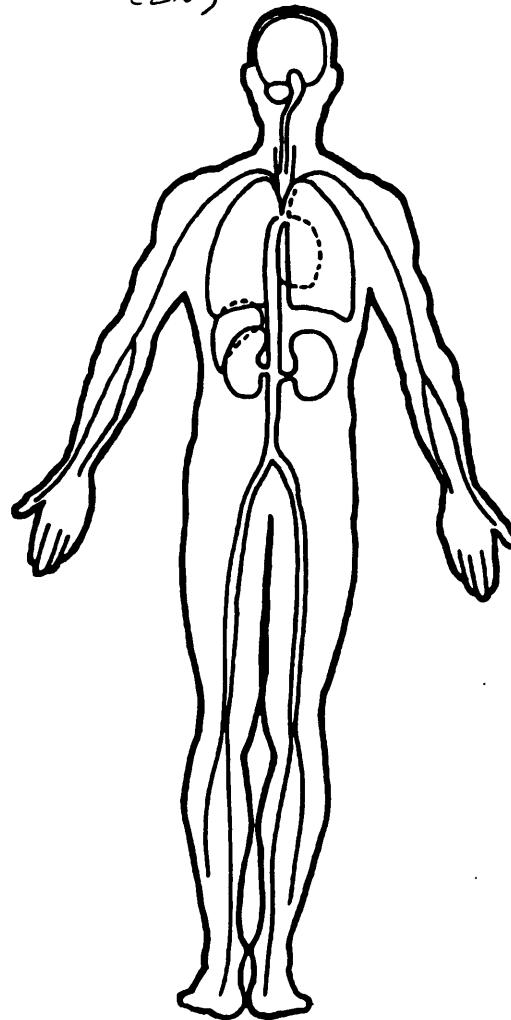
Alert + oriented x 3

(ED, NN)



No Loc, Alert

(CEN)



CAUSE OF DEATH

No T applicable

ICD-9-CM

*923.10 : Contusion forearm
(RR)*

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified	<i>Not tested!</i>	

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shortens history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
PX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patient's stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

RR Registration Record

EMERGENCY DEPARTMENT RECORD

BEST AVAILABLE

		BIRTHDATE 55	SOC. SEC. NO.	DIAG MVA/ABRASION/RED AREA RT ELE		CLINICAL RECORD NO.	
CHIEF COMPLAINT:				ARRIVAL BY:			
NURSES NOTES	Pt to ED few (10 abrasions) & reflex area to rt elbow. Radial pulse +. No hx. Denies any other injuries. See apptd to next. GCS-15, 1100-waiting on very long				<input checked="" type="checkbox"/> Ambulance <input type="checkbox"/> Police		
					TRIAGE: <input checked="" type="checkbox"/> Non-urgent <input type="checkbox"/> Urgent <input type="checkbox"/> Emergent <input type="checkbox"/> Scheduled		
ALLERGIES	AD		MEDICATIONS - CURRENT none		SIGNATURE 10		
	CONDITION ON ADMISSION alert		TEMP. 99.3	ORAL P. 87	R. 20	BP. 113/69	LAST ATE LTT
PHYSICIANS REPORT	TIME SEEN 1023 AM Subj. Involved in truck / Bus MVA ~ 10 ago. Hit (R) arm on side of bus. Denies any other injury Obj. Hx Back - & cervical, thoracic or submammary tenderness Chest - Clear (E) breath sounds. P chest wall tenderness Post op site Abd - & bowel sounds. Soft, non-tender Pulses Heart regular rate Head - non-tender firm P front tenderness (front) (R) (R) arm - Swelling, ecchymosis & tenderness (Elbow) Radial pulse (P) Sensitive (P) (R) arm orthopaedic from. Radial pulse (+)						
DIAGNOSIS:		CONDITION ON DISCHARGE: Stable					
PROCEDURES:		DISPOSITION: Home					
ORDERS	(R) elbow ✓ Neopadiol.		MEDICATIONS	Motrin 400mg po b.mw Rx Motrin 400 #30 + grid bandage Note:			
INSTRUCTIONS	Rest Tie to arm for 10 min every 1-3 hrs. Elevate as much as possible Medication as directed for pain Verbalized understanding of instructions						
I HAVE RECEIVED AND UNDERSTAND THE INSTRUCTIONS ABOVE 		TIME OF DISCHARGE					

HOSPITAL

REGISTRATION RECORD

ACCOUNT NUMBER			FC	AGE	PRIOR VISIT DATE	ROOM / BED	SERVICE	PATIENT TYPE	MEDICAL RECORD NO.
PUBLISH	SEX	MS	SP	12			ER	ER	
NO	F	S	ADV. DIR.	PRIOR ADMISSION DATE	PRIOR NAME	ADM. SOURCE	BROUGHT BY	ADMIT DATE	ADMIT TIME
ACCIDENT	ACCIDENT TIME			REL TO PREGNANCY	RELATIONSHIP	CHURCH	ADMIT BY		DISCHARGE TIME
01				95	NO				95
STUDENT				COUNTY	COU	RELATIVE	SSN	ADM:	M.D.
EMPLOY							/P	ATD:	M.D.
GUARANTOR							46	HYS	
EMPLOY	M	PHONE					FAM:		
NO EMPLOYEE INFO FOR PATIENT UNK									
ADMITTING DIAGNOSIS / COMPLAINT MVA/ABRASION/RED AREA RT ELBOW									
FINAL DIAGNOSES:									
REMARKS: PRECERT DRG									

923.10

OPERATIONS
NO PROCEDURES.

POSITION	<input type="checkbox"/> HOME	<input type="checkbox"/> DIED UNDER 48 HOURS	<input type="checkbox"/> AUTOPSY	<input type="checkbox"/> TRANSFERRED HOSPITAL	<input type="checkbox"/> AGAINST ADVICE
	<input type="checkbox"/> ADMIT / TIME _____	<input type="checkbox"/> DIED OVER 48 HOURS	<input type="checkbox"/> NO AUTOPSY	<input type="checkbox"/> TRANSFERRED EFC	<input type="checkbox"/> OTHER _____
INSURANCE	CONDITION ON DISCHARGE:				

I certify that the narrative descriptions of the principle and secondary diagnoses and the major procedures performed are accurate and complete to the best of my knowledge.

TIME / DATE _____

SIGNATURE _____ PHYSICIAN

BEST AVAILABLE

EMERGENCY DEPARTMENT PROGRESS NOTES

Please use name plate imprinter

DATE	NOTES SHOULD BE SIGNED BY PHYSICIAN
'85	<p>MD Note 15073 No supp. Head atramatic clft - no tender.</p> <p>(2) calcaneus no bony tenderness - no leg bones - no hip or radicul head. Good distal pulse</p> <p>CVA Clarke & Wasserman Neck non tender. Trigono - no leg bone. Slight posterior bldm. Can angle 170° ASL sup. r. NT Pelvis NT.</p> <p>legs - no pain NT = Non tender</p> <p>(2) am abnormal</p> <p>Discussed findings of back exam with mother no leg tenderness slight muscle and exam with wife - no leg bones. Slight tenderness - No need for to limit bones - No need for x-ray - need to limit radicular pain in very cases</p>

BEST AVAILABLE

PATIENT:
PHYSICIAN:

MR NO.:
X-RAY NO.:
ROOM NO.: ER

DATE: 95

PATIENT HISTORY: MVA.

FOUR VIEWS OF THE RIGHT ELBOW: There is no evidence of fracture or other bony abnormality. No joint fluid is seen.

IMPRESSION: Normal right elbow.

D: 95
T: 95

RADIOLOGY

Page 1



U.S. Department of Transportation
National Highway Traffic Safety
Administration

Form Approved
O.M.B. No. 2127-0021

OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9516

3. Vehicle Number 01

4. Occupant Number 07

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

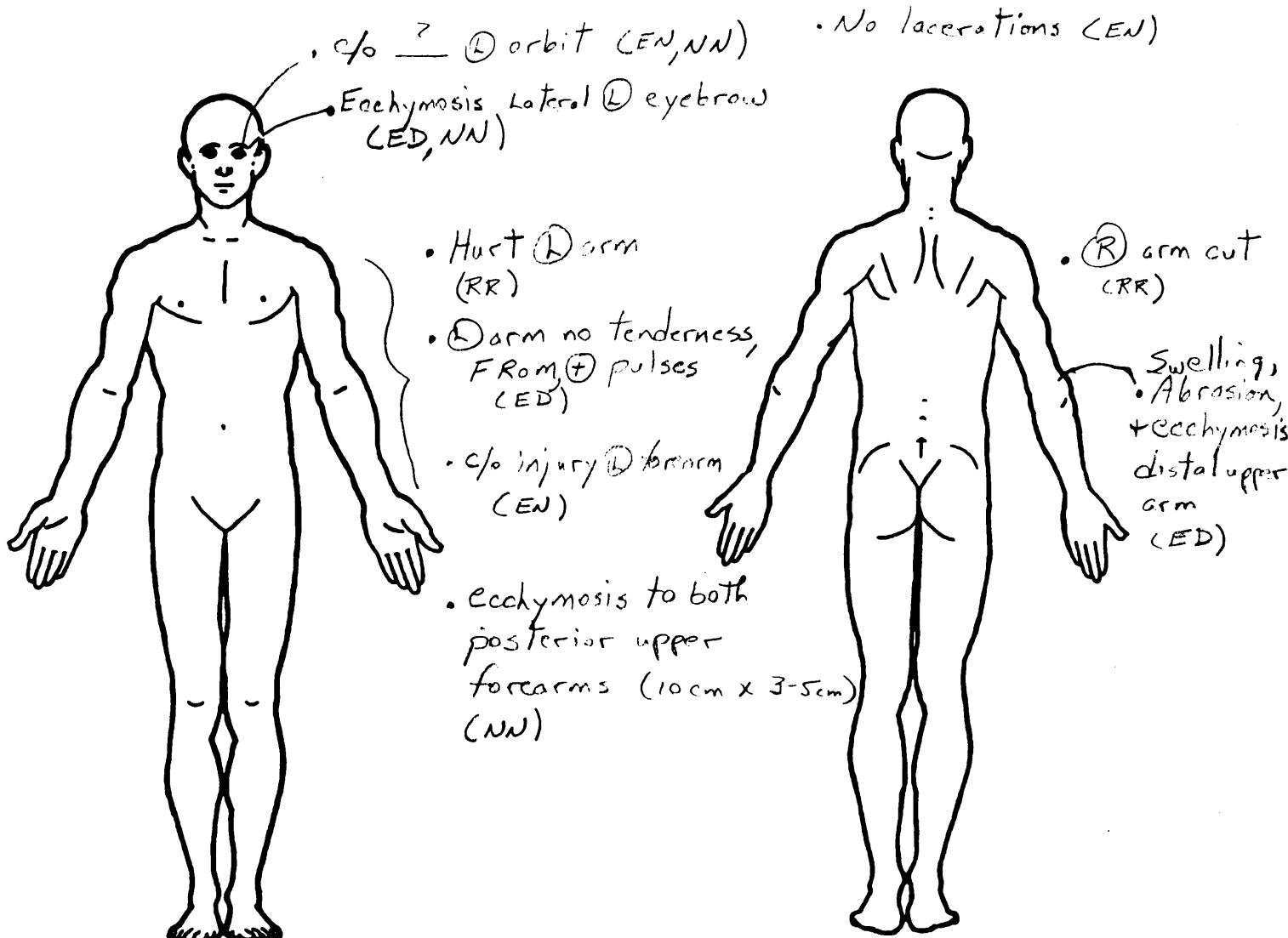
Source of Injury Data	Body Region	A.I.S. - 90					Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number
		Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect			
Abrasion ① lateral eyebrow	5. <u>7</u> 6. <u>2</u> 7. <u>9</u> 8. <u>02</u> 9. <u>02</u> 10. <u>1</u> 11. <u>7</u> 12. <u>151</u> 13. <u>3</u> 14. <u>1</u> 15. <u>00</u>								
Contusion ② lateral eyebrow	16. <u>3</u> 17. <u>2</u> 18. <u>9</u> 19. <u>04</u> 20. <u>02</u> 21. <u>1</u> 22. <u>7</u> 23. <u>151</u> 24. <u>3</u> 25. <u>1</u> 26. <u>00</u>								
Abrasion ③ arm above elbow	27. <u>3</u> 28. <u>7</u> 29. <u>9</u> 30. <u>02</u> 31. <u>02</u> 32. <u>1</u> 33. <u>1</u> 34. <u>101</u> 35. <u>2</u> 36. <u>1</u> 37. <u>00</u>								
Contusion ④ arm above + below elbow	38. <u>3</u> 39. <u>7</u> 40. <u>9</u> 41. <u>04</u> 42. <u>02</u> 43. <u>1</u> 44. <u>1</u> 45. <u>101</u> 46. <u>2</u> 47. <u>1</u> 48. <u>00</u>								
Contusion ⑤ arm below elbow	49. <u>3</u> 50. <u>7</u> 51. <u>9</u> 52. <u>02</u> 53. <u>02</u> 54. <u>1</u> 55. <u>2</u> 56. <u>151</u> 57. <u>3</u> 58. <u>1</u> 59. <u>00</u>								
6th	60. <u> </u> 61. <u> </u> 62. <u> </u> 63. <u> </u> 64. <u> </u> 65. <u> </u> 66. <u> </u> 67. <u> </u> 68. <u> </u> 69. <u> </u> 70. <u> </u>								
7th	71. <u> </u> 72. <u> </u> 73. <u> </u> 74. <u> </u> 75. <u> </u> 76. <u> </u> 77. <u> </u> 78. <u> </u> 79. <u> </u> 80. <u> </u> 81. <u> </u>								
8th	82. <u> </u> 83. <u> </u> 84. <u> </u> 85. <u> </u> 86. <u> </u> 87. <u> </u> 88. <u> </u> 89. <u> </u> 90. <u> </u> 91. <u> </u> 92. <u> </u>								
9th	93. <u> </u> 94. <u> </u> 95. <u> </u> 96. <u> </u> 97. <u> </u> 98. <u> </u> 99. <u> </u> 100. <u> </u> 101. <u> </u> 102. <u> </u> 103. <u> </u>								
10th	104. <u> </u> 105. <u> </u> 106. <u> </u> 107. <u> </u> 108. <u> </u> 109. <u> </u> 110. <u> </u> 111. <u> </u> 112. <u> </u> 113. <u> </u> 114. <u> </u>								

OCCUPANT INJURY DATA

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

- Hit arm on window ledge (EN)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head (2) Face (3) Neck (4) Thorax (5) Abdomen (6) Spine (7) Upper Extremity (8) Lower Extremity (9) Unspecified	<u>Vessels, Nerves, Organs.</u> <u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02. The exceptions to this rule apply to:	Specific injuries are assigned consecutive two-digit numbers beginning with 02. To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(1) Right (2) Left (3) Bilateral (4) Central (5) Anterior (6) Posterior (7) Superior (8) Inferior (9) Unknown (0) Whole region
Type of Anatomic Structure	<u>Whole Area</u> (02) Skin - Abrasion (04) Skin - Contusion (06) Skin - Laceration (08) Skin - Avulsion (10) Amputation (20) Burn (30) Crush (40) Degloving (50) Injury - NFS (90) Trauma, other than mechanical	Given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	Abbreviated Injury Scale (1) Minor Injury (2) Moderate Injury (3) Serious Injury (4) Severe Injury (5) Critical Injury (6) Maximum (untreatable) (7) Injured, unknown severity
(1) Whole Area (2) Vessels (3) Nerves (4) Organs (includes Muscles/ligaments) (5) Skeletal (includes joints) (6) Head - LOC (9) Skin	<u>Head - LOC</u> (02) Length of LOC (04) Level (06) of (08) Consciousness (10) Concussion		
	<u>Spine</u> (02) Cervical (04) Thoracic (06) Lumbar		
SOURCE OF INJURY DATA	INJURY SOURCE CONFIDENCE LEVEL	DIRECT/INDIRECT INJURY	
<u>OFFICIAL RECORDS</u> (1) Autopsy records with or without hospital/medical records (2) Hospital/medical records other than emergency room (e.g., discharge summary) (3) Emergency room records only (including associated X-rays or other lab reports) (4) Private physician, walk-in or emergency clinic	(1) Certain (2) Probable (3) Possible (9) Unknown	(1) Direct contact injury (2) Indirect contact injury (3) Noncontact injury (7) Injured, unknown source	
<u>UNOFFICIAL RECORDS</u> (5) Lay coroner report (6) E.M.S. personnel (7) Interviewee (8) Other source (specify): (9) Police _____			

OFFICIAL INJURY DATA – SKELETAL INJURIES

Restrained?

- No
 Yes

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Blood Alcohol Level (mg/dl)

BAL = _____

Glasgow Coma Scale Score

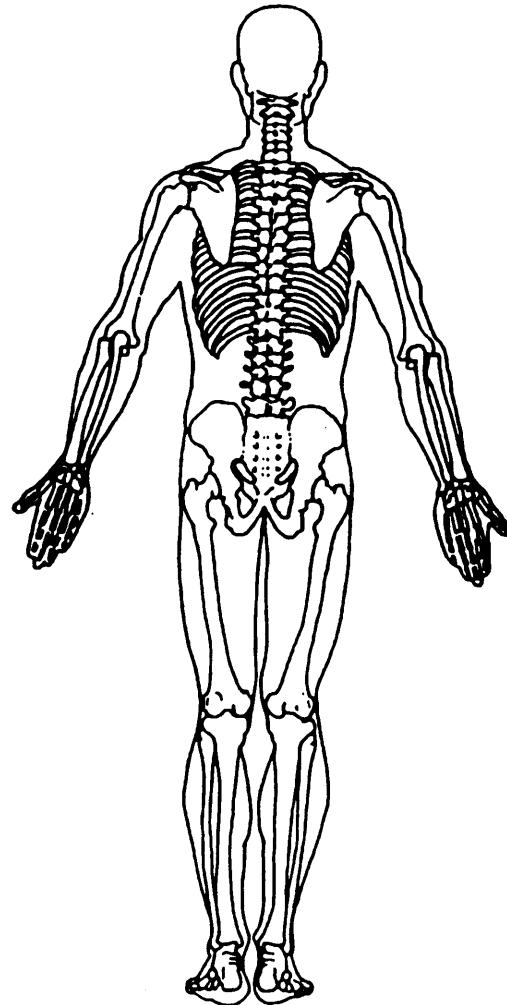
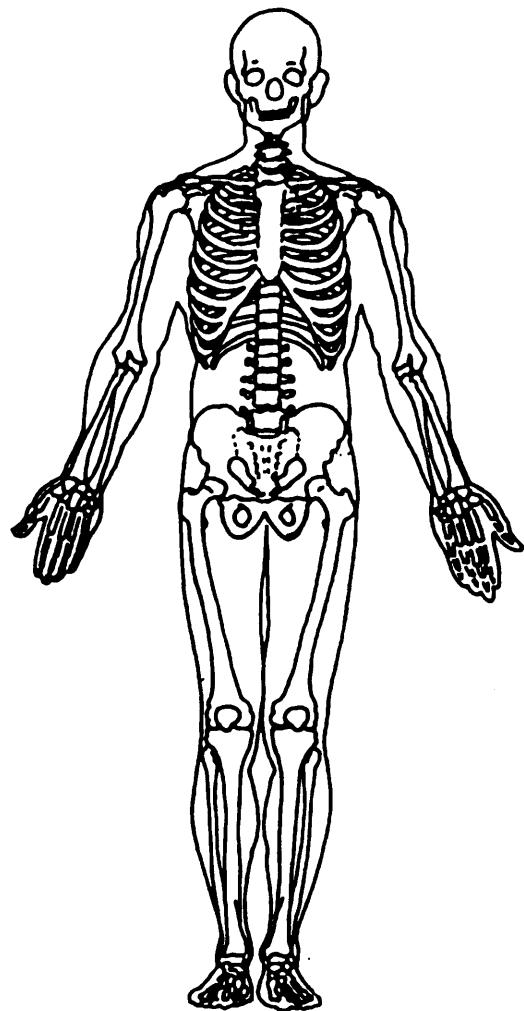
GCSS = 15
(ED, NN)

Units of Blood Given

Units = _____

Arterial Blood Gases

pH = ____

PO₂ = ____PCO₂ = ____HCO₃ = ____

INJURY SOURCES

FRONT	(102) Right side hardware or armrest (103) Right A (A1/A2)-pillar (104) Right B-pillar (105) Other right pillar (specify): INTERIOR (151) Seat, back support (152) Belt restraint webbing/buckle (153) Belt restraint B-pillar or door frame attachment point (154) Other restraint system component (specify): HEAD RESTRAINT SYSTEM (160) Other occupants (specify): INTERIOR LOOSE OBJECTS (162) Child safety seat (specify): OTHER INTERIOR OBJECT (163) Other interior object (specify): AIR BAG (170) Air bag-driver side (171) Air bag-driver side and eyewear (172) Air bag-driver side and jewelry (173) Air bag-driver side and object held (174) Air bag-driver side and object in mouth (175) Air bag compartment cover-driver side (176) Air bag compartment cover-driver side and eyewear (177) Air bag compartment cover-driver side and jewelry (178) Air bag compartment cover-driver side and object held (179) Air bag compartment cover-driver side and object in mouth (180) Air bag-passenger side (181) Air bag-passenger side and eyewear (182) Air bag-passenger side and jewelry	(183) Air bag-passenger side and object held (184) Air bag-passenger side and object in mouth (185) Air bag compartment cover-passenger side (186) Air bag compartment cover-passenger side and eyewear (187) Air bag compartment cover-passenger side and jewelry (188) Air bag compartment cover-passenger side and object held (189) Air bag compartment cover-passenger side and object in mouth (190) Other air bag (specify) ROOF (201) Front header (202) Rear header (203) Roof left side rail (204) Roof right side rail (205) Roof or convertible top FLOOR (251) Floor (including toe pan) (252) Floor or console mounted transmission lever, including console (253) Parking brake handle (254) Foot controls including parking brake REAR (301) Backlight (rear window) (302) Backlight storage rack, door, etc. (303) Other rear object (specify): ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT (401) Hand controls for braking/acceleration (402) Steering control devices (attached to OEM steering wheel) (403) Steering knob attached to steering wheel (405) Replacement steering wheel (i.e., reduced diameter) (406) Joy stick steering controls (407) Wheelchair tie-downs (408) Modification to seat belts, (specify): (409) Additional or relocated switches, (specify): (410) Raised roof	(411) Wall mounted head rest (used behind wheel chair) (412) Other adaptive device (specify): EXTERIOR OF OCCUPANT'S VEHICLE (451) Hood (452) Outside hardware (e.g. outside mirror, antenna) (453) Other exterior surface or tires (specify): UNKNOWN EXTERIOR OBJECTS (454) Unknown exterior objects EXTERIOR OF OTHER MOTOR VEHICLE (501) Front bumper (502) Hood edge (503) Other front of vehicle (specify): HOOD (504) Hood (505) Hood ornament (506) Windshield, roof rail, A-pillar (507) Side surface (508) Side mirrors (509) Other side protrusions (specify): Rear Surface (510) Rear surface (511) Undercarriage (512) Tires and wheels (513) Other exterior of other motor vehicle (specify): UNKNOWN EXTERIOR OF OTHER MOTOR VEHICLE (514) Unknown exterior of other motor vehicle OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT (551) Ground (598) Other vehicle or object (specify): UNKNOWN VEHICLE OR OBJECT (599) Unknown vehicle or object NONCONTACT INJURY (601) Fire in vehicle (602) Flying glass (603) Other noncontact injury source (specify): (604) Air bag exhaust gases (697) Injured, unknown source
LEFT SIDE	(051) Left side interior surface, excluding hardware or armrests (052) Left side hardware or armrest (053) Left A (A1/A2)-pillar (054) Left B-pillar (055) Other left pillar (specify): LEFT SIDE WINDOW (056) Left side window glass (057) Left side window frame (058) Left side window sill (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail. (060) Other left side object (specify):	(171) Air bag-driver side and eyewear (172) Air bag-driver side and jewelry (173) Air bag-driver side and object held (174) Air bag-driver side and object in mouth (175) Air bag compartment cover-driver side (176) Air bag compartment cover-driver side and eyewear (177) Air bag compartment cover-driver side and jewelry (178) Air bag compartment cover-driver side and object held (179) Air bag compartment cover-driver side and object in mouth (180) Air bag-passenger side (181) Air bag-passenger side and eyewear (182) Air bag-passenger side and jewelry	(504) Hood (505) Hood ornament (506) Windshield, roof rail, A-pillar (507) Side surface (508) Side mirrors (509) Other side protrusions (specify): REAR (301) Backlight (rear window) (302) Backlight storage rack, door, etc. (303) Other rear object (specify): ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT (401) Hand controls for braking/acceleration (402) Steering control devices (attached to OEM steering wheel) (403) Steering knob attached to steering wheel (405) Replacement steering wheel (i.e., reduced diameter) (406) Joy stick steering controls (407) Wheelchair tie-downs (408) Modification to seat belts, (specify): (409) Additional or relocated switches, (specify): (410) Raised roof
RIGHT SIDE	(101) Right side interior surface, excluding hardware or armrests	(171) Air bag-driver side and eyewear (172) Air bag-driver side and jewelry (173) Air bag-driver side and object held (174) Air bag-driver side and object in mouth (175) Air bag compartment cover-driver side (176) Air bag compartment cover-driver side and eyewear (177) Air bag compartment cover-driver side and jewelry (178) Air bag compartment cover-driver side and object held (179) Air bag compartment cover-driver side and object in mouth (180) Air bag-passenger side (181) Air bag-passenger side and eyewear (182) Air bag-passenger side and jewelry	(504) Hood (505) Hood ornament (506) Windshield, roof rail, A-pillar (507) Side surface (508) Side mirrors (509) Other side protrusions (specify): REAR (301) Backlight (rear window) (302) Backlight storage rack, door, etc. (303) Other rear object (specify): ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT (401) Hand controls for braking/acceleration (402) Steering control devices (attached to OEM steering wheel) (403) Steering knob attached to steering wheel (405) Replacement steering wheel (i.e., reduced diameter) (406) Joy stick steering controls (407) Wheelchair tie-downs (408) Modification to seat belts, (specify): (409) Additional or relocated switches, (specify): (410) Raised roof

BEST AVAILABLE

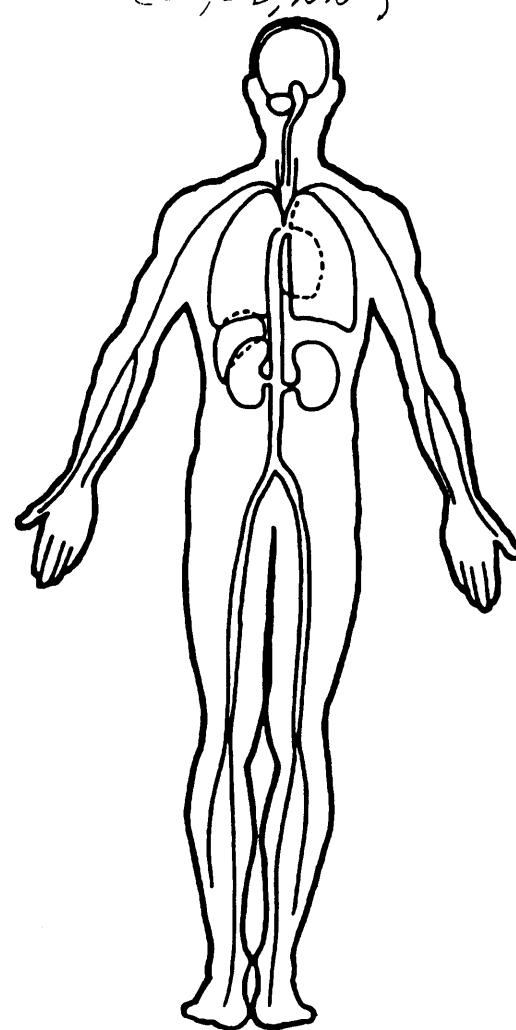
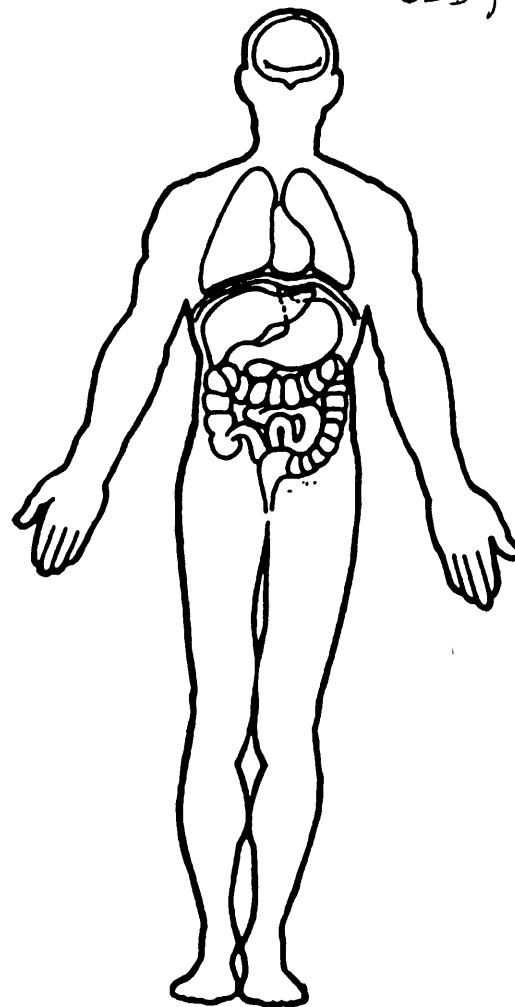
OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Oriented
(ED)

CN II - XII (NN)

No LOC, Alert
(EN, ED, NN)



CAUSE OF DEATH

Not applicable!

ICD-9-CM

(RR)

913.0 : Abrasion of elbow, forearm, or wrist
 920 : Contusion of face, scalp, or neck

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified	<i>Not Tested!</i>	

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
PX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

RR Registration Record

EMERGENCY DEPARTMENT RECORD

PLAC HURT LT ARM RT ARM

	BIRTHDATE 4/5	SOC. SEC. NO.	MEDICAL RECORD NO.
OTHER COMPLAINTS:		ARRIVAL BY: <input type="checkbox"/> Private Car <input checked="" type="checkbox"/> Ambulance <input type="checkbox"/> Police	
NURSES NOTES	Pt - to ED for c/o car accident. G/p to injury to left forearm. Stated she hit her arm on window ledge. No LOC. Also c/o bruising to left orbit. No lacerations. Still ROM to left arm. Patient P/B.		
	TRIAGE: <input checked="" type="checkbox"/> Non-urgent <input type="checkbox"/> Urgent <input type="checkbox"/> Emergent <input type="checkbox"/> Scheduled		TIME AM PM
NOTES	ALLERGIES WCA	MEDICATIONS - CURRENT none	
	CONDITION ON ADMISSION Alert	TEMP 100° ORAL AXILLARY	P. 92 R. 20 BP 134/79
PHYSICIANS' REPORT	TIME SEEN AM	Subj - Involved in van/bus MVA ~1 ^o ago - hit side of face & forearm to R. arm. f/KO. Current i consciousness Obj - P+O Ambulatory Heart - negative. Ecchymosis lateral C eye brow. No bony tenderness EMT Back - & cervical, thoracic & lumbar sacral tenderness Chest - Clear C heart sounds. f/Chest wall tenderness front rib cage. Abd - C BS soft non-tender legs - atraumatic. F/MRI Pedi point C f point tenderness Darm - abrasion, swelling & ecchymosis distal upper arm f point tenderness f/r. Radial pulse f/humerus C upper arm DIAGNOSIS: C Contusion to left Eye brow C Darm - f tenderness f/MRI radial pulse C Abrasion/laceration to right arm CONDITION ON DISCHARGE: f/r/r/Stable PROCEDURES: DISPOSITION: home	
ORDERS	Per BIP	MEDICATIONS	KR Pickam 1/2-4oz 3/4oz 36°
INSTRUCTIONS	Release Note. Ice to sore areas for 20 min every 2-3 hr. Medication as directed for pain MVA Sheet Recheck w/ Dr. in 3-4 days or if no improvement		
I HAVE RECEIVED AND UNDERSTAND THE INSTRUCTIONS ABOVE:			

R

m)

ISCHARGE
85'

REGISTRATION RECORD

ACCOUNT NUMBER			FC CM	BIRTHDATE	AGE 9	PRIOR VISIT DATE	ROOM / BED	SERVICE ER	PATIENT TYPE	MEDICAL RECORD NO.										
PUBISH NO	SEX F	MS NO	ADV. DIR. PRIOR ADMISSION DATE	PRIOR NAME SAME			ADM. SOURCE 7	BROUGHT BY AMB'L												
ACCIDENT 01	ACCIDENT TIME		REL TO PREGNANCY 95 NO	RELATIONSHIP COU	RELATIVE E	RELATIVE E	ADMIT BY		95	ADMIT TIME 09:52 AM										
PATIENT / EMPLOY			IN COUNTY NURSING HOME			SS# ADM: PHATD: HYFAM:			DISCHARGE TIME 95											
GUARANTOR F			IN			IN 46206 PRECERT														
EMERGENCY Y			IN 00000			PRECERT			DRG											
ADMITTING DIAGNOSIS / COMPLAINT HURT LT ARM/RT ARM CUT FINAL DIAGNOSES:																				
REMARKS: QC 913.0																				
OPERATIONS AND PROCEDURES:																				
<p>DISPOSITION</p> <table> <tr> <td><input type="checkbox"/> HOME</td> <td><input type="checkbox"/> DIED UNDER 48 HOURS</td> <td><input type="checkbox"/> AUTOPSY</td> <td><input type="checkbox"/> TRANSFERRED HOSPITAL</td> <td><input type="checkbox"/> AGAINST ADVICE</td> </tr> <tr> <td><input type="checkbox"/> ADMIT TIME</td> <td><input type="checkbox"/> DIED OVER 48 HOURS</td> <td><input type="checkbox"/> NC AUTOPSY</td> <td><input type="checkbox"/> TRANSFERRED ETC</td> <td><input type="checkbox"/> OTHER</td> </tr> </table> <p>CONSULTATION WITH: CONDITION ON DISCHARGE:</p>											<input type="checkbox"/> HOME	<input type="checkbox"/> DIED UNDER 48 HOURS	<input type="checkbox"/> AUTOPSY	<input type="checkbox"/> TRANSFERRED HOSPITAL	<input type="checkbox"/> AGAINST ADVICE	<input type="checkbox"/> ADMIT TIME	<input type="checkbox"/> DIED OVER 48 HOURS	<input type="checkbox"/> NC AUTOPSY	<input type="checkbox"/> TRANSFERRED ETC	<input type="checkbox"/> OTHER
<input type="checkbox"/> HOME	<input type="checkbox"/> DIED UNDER 48 HOURS	<input type="checkbox"/> AUTOPSY	<input type="checkbox"/> TRANSFERRED HOSPITAL	<input type="checkbox"/> AGAINST ADVICE																
<input type="checkbox"/> ADMIT TIME	<input type="checkbox"/> DIED OVER 48 HOURS	<input type="checkbox"/> NC AUTOPSY	<input type="checkbox"/> TRANSFERRED ETC	<input type="checkbox"/> OTHER																

I certify that the narrative descriptions of the principle and secondary diagnoses and the major procedures performed are accurate and complete to the best of my knowledge.

TIME / DATE _____

SIGNED _____

PHYSICIAN

**EMERGENCY DEPARTMENT
PROGRESS NOTES**

BEST AVAILABLE

Please use name plate imprinter

DATE

NOTES SHOULD BE SIGNED BY PHYSICIAN

195-

The patient was seen Both vehicles caught fire
 Passenger in bus/truck received 1 vehicle caught fire
 1st out of vehicle @ scene
 C/O contusion & ecchymosis
 (C) labile eyes confusion & ecchymosis
 + ecchymosis to both forearms near elbows
 No neck abd, or spine tenderness leg pain do
 peripheria

010 126-3 Poco com - n-n-xo (a)

Tee Khatoul - age approx 6-6

Contusion ecchymosis
 Contusion ecchymosis (C) lateral eyebrows

70% (a)

Neck supple
 Head stable Back aching
 chest non tender Abdomen soft
 Elbow non tender N/A left 1/2 NT = Non tender

Pelvis d/t

Hematoma 10cm x 3-5cm to posterior

Surfaces surfaces of both upper forearms
 near to elbows bony like elbow trans. pos. & suscita (a)

Disposal management? indications for mother
 management will well

Indications for release & follow up

(time leadership, injury, asx, pain, dis/min)



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

BEST AVAILABLE

Form Approved
O.M.B. No. 2127-0021

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9516

4. Occupant Number

08

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	A.I.S. - 90					Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number			
		Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect						
1st	Abrasion upper extremity	5. <u>9</u>	6. <u>7</u>	7. <u>9</u>	8. <u>02</u>	9. <u>02</u>	10. <u>1</u>	11. <u>9</u>	12. <u>697</u>	13. <u>9</u>	14. <u>7</u>	15. <u>00</u>
2nd		16. <u> </u>	17. <u> </u>	18. <u> </u>	19. <u> </u>	20. <u> </u>	21. <u> </u>	22. <u> </u>	23. <u> </u>	24. <u> </u>	25. <u> </u>	26. <u> </u>
3rd		27. <u> </u>	28. <u> </u>	29. <u> </u>	30. <u> </u>	31. <u> </u>	32. <u> </u>	33. <u> </u>	34. <u> </u>	35. <u> </u>	36. <u> </u>	37. <u> </u>
4th		38. <u> </u>	39. <u> </u>	40. <u> </u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>	47. <u> </u>	48. <u> </u>
5th		49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>
6th		60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>
7th		71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>
8th		82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>
9th		93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>
10th		104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>

OCCUPANT INJURY DATA



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

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Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

9516

3. Vehicle Number

01

4. Occupant Number

09

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	A.I.S. - 90						Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect			

Abraision Scarp	1st	5. <u>9</u>	6. <u>1</u>	7. <u>9</u>	8. <u>02</u>	9. <u>02</u>	10. <u>1</u>	11. <u>9</u>	12. <u>697</u>	13. <u>9</u>	14. <u>7</u>	15. <u>00</u>
	2nd	16. <u> </u>	17. <u> </u>	18. <u> </u>	19. <u> </u>	20. <u> </u>	21. <u> </u>	22. <u> </u>	23. <u> </u>	24. <u> </u>	25. <u> </u>	26. <u> </u>
	3rd	27. <u> </u>	28. <u> </u>	29. <u> </u>	30. <u> </u>	31. <u> </u>	32. <u> </u>	33. <u> </u>	34. <u> </u>	35. <u> </u>	36. <u> </u>	37. <u> </u>
	4th	38. <u> </u>	39. <u> </u>	40. <u> </u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>	47. <u> </u>	48. <u> </u>
	5th	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>
	6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>
	7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>
	8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>
	9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>
	10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>

OCCUPANT INJURY DATA



U.S. Department of Transportation
National Highway Traffic Safety
Administration

BEST AVAILABLE

Form Approved
O.M.B. No. 2127-0021

OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>9510</u>	4. Occupant Number	<u>10</u>

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

A.I.S. - 90							Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number		
Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect					
1st	5. <u>9</u>	6. <u>7</u>	7. <u>9</u>	8. <u>02</u>	9. <u>02</u>	10. <u>1</u>	11. <u>9</u>	12. <u>697</u>	13. <u>9</u>	14. <u>7</u>	15. <u>00</u>
2nd	16. <u> </u>	17. <u> </u>	18. <u> </u>	19. <u> </u>	20. <u> </u>	21. <u> </u>	22. <u> </u>	23. <u> </u>	24. <u> </u>	25. <u> </u>	26. <u> </u>
3rd	27. <u> </u>	28. <u> </u>	29. <u> </u>	30. <u> </u>	31. <u> </u>	32. <u> </u>	33. <u> </u>	34. <u> </u>	35. <u> </u>	36. <u> </u>	37. <u> </u>
4th	38. <u> </u>	39. <u> </u>	40. <u> </u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>	47. <u> </u>	48. <u> </u>
5th	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>
6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>

OCCUPANT INJURY DATA

Appendix M:

**NASS CDS OCCUPANT ASSESSMENT FORM:
VEHICLE #2 DRIVER**

OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9516
3. Vehicle Number 02
4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 48
Code actual age at time of accident.
(00) Less than one year old (specify by month):

(97) 97 years and older
(99) Unknown
6. Occupant's Sex 2
(1) Male
(2) Female-not reported pregnant
(3) Female-pregnant-1st trimester(1st-3rd month)
(4) Female-pregnant-2nd trimester(4th-6th month)
(5) Female-pregnant-3rd trimester(7th-9th month)
(6) Female-pregnant-term unknown
(9) Unknown
7. Occupant's Height 170
Code actual height to the nearest centimeter.
(999) Unknown

67 inches X 2.54 = 170 centimeters
8. Occupant's Weight 066
Code actual weight to the nearest kilogram.
(999) Unknown

145 pounds X .4536 = 657 kilograms
9. Occupant's Role 1
(1) Driver
(2) Passenger
(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 11
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify): _____
(15) On or in the lap of another occupant
- Second Seat*
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify): _____
(25) On or in the lap of another occupant
- Third Seat*
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify): _____
(35) On or in the lap of another occupant
- Fourth Seat*
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify): _____
(45) On or in the lap of another occupant

(97) In or on unenclosed area
(98) Other seat (specify): _____
(99) Unknown
11. Occupant's Posture 0
(0) Normal posture
Abnormal posture
(1) Kneeling or standing on seat
(2) Lying on or across seat
(3) Kneeling, standing or sitting in front of seat
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window
(5) Sitting on a console
(6) Lying back in a reclined seat position
(7) Bracing with feet or hands on a surface in front of seat
(8) Other abnormal posture (specify): _____
(9) Unknown

EJECTION/ENTRAPMENT**12. Ejection**

- (0) No ejection
(1) Complete ejection
(2) Partial ejection
(3) Ejection, unknown degree
(9) Unknown

O**13. Ejection Area**

- (0) No ejection
(1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear
(7) Roof
(8) Other area (e.g., back of pickup, etc.)
(specify): _____
(9) Unknown

O**14. Ejection Medium**

- (0) No ejection
(1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify):

(5) Integral structure
(8) Other medium (specify):

(9) Unknown

O**15. Medium Status (Immediately Prior To Impact)**

- (0) No ejection
(1) Open
(2) Closed
(3) Integral structure
(9) Unknown

O**16. Entrapment**

- (0) Not entrapped/exit not inhibited
(1) Entrapped/pinned - mechanically restrained
(2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
(9) _____

O**17. Occupant Mobility**

- (0) Occupant fatal before removed from vehicle
(1) Removed from vehicle while unconscious or disoriented
(2) Removed from vehicle due to injuries
(3) Exited vehicle with some assistance
(4) Exited vehicle under own power
(5) Occupant fully ejected
(9) Unknown

4

BELT SYSTEM FUNCTION

- | | |
|---|---|
| <p>18. Manual (Active) Belt System Availability</p> <p>(0) None available
 (1) Belt removed/destroyed
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt available—type unknown</p> <p><i>Integral Belt Partially Destroyed</i></p> <p>(6) Shoulder belt (lap belt destroyed/removed)
 (7) Lap belt (shoulder belt destroyed/removed)
 (8) Other belt (specify): _____
 (9) Unknown</p> <p>1</p> | <p>22. Shoulder Belt Upper Anchorage Adjustment</p> <p>(0) No shoulder belt
 (1) No upper anchorage adjustment for shoulder belt</p> <p><i>Adjustable shoulder Belt Upper Anchorage</i></p> <p>(2) In full up position
 (3) In mid position
 (4) In full down position
 (5) Position unknown
 (9) Unknown if position has adjustable upper anchorage adjustment</p> <p>1</p> |
| <p>19. Manual (Active) Belt System Use</p> <p>(00) None used, not available, or belt removed/destroyed
 (01) Inoperative (specify): _____
 (02) Shoulder belt
 (03) Lap belt
 (04) Lap and shoulder belt
 (05) Belt used—type unknown
 (08) Other belt used (specify):
 (12) Shoulder belt used with child safety seat
 (13) Lap belt used with child safety seat
 (14) Lap and shoulder belt used with child safety seat
 (15) Belt used with child safety seat—type unknown
 (18) Other belt used with child safety seat (specify):
 (99) Unknown if belt used</p> <p>0 4</p> | <p>23. Automatic (Passive) Belt System Availability/Function</p> <p>(0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown</p> <p><i>Non-functional</i></p> <p>(4) Automatic belts destroyed or rendered inoperative
 (9) Unknown</p> <p>0</p> |
| <p>20. Proper Use of Manual (Active) Belts</p> <p>(0) None used or not available
 (1) Belt used properly
 (2) Belt used properly with child safety seat</p> <p><i>Belt Used Improperly</i></p> <p>(3) Shoulder belt worn under arm
 (4) Shoulder belt worn behind back or seat
 (5) Belt worn around more than one person
 (6) Lap belt worn on abdomen
 (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
 (8) Other improper use of manual belt system (specify):
 (9) Unknown</p> <p>1</p> | <p>24. Automatic (Passive) Belt System Use</p> <p>(0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
 (3) Automatic belt use unknown
 (9) Unknown</p> <p>0</p> |
| <p>25. Automatic (Passive) Belt System Type</p> <p>(0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown</p> <p>9</p> | <p>26. Proper Use of Automatic (Passive) Belt System</p> <p>(0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat</p> <p><i>Automatic Belt Used Improperly</i></p> <p>(3) Automatic shoulder belt worn under arm
 (4) Automatic shoulder belt worn behind back
 (5) Automatic belt worn around more than one person
 (6) Lap portion of automatic belt worn on abdomen
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
 (8) Other improper use of automatic belt system (specify):
 (9) Unknown</p> <p>0</p> |
| <p>21. Manual (Active) Belt Failure Modes During Accident</p> <p>(0) No manual belt used or not available
 (1) No manual belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):
 (6) Broken retractor
 (7) Combination of above (specify):
 (8) Other manual belt failure (specify):
 (9) Unknown</p> | <p>27. Automatic (Passive) Belt Failure Modes During Accident</p> <p>(0) Not equipped/not available/not in use
 (1) No automatic belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):
 (6) Broken retractor
 (7) Combination of above (specify):
 (8) Other automatic belt failure (specify):
 (9) Unknown</p> <p>0</p> |

POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION
<p>28. Police Reported Belt Use</p> <p>(0) None used (1) Police did not indicate belt use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Automatic belt (8) Other type belt, (specify): _____ (9) Police indicated "unknown"</p> <p>29. Police Reported Air Bag Availability/Function</p> <p>(0) No air bag available (1) Police did not indicate air bag availability/function (2) Deployed (3) Not deployed (4) Unknown if deployed (9) Police indicated "unknown"</p>	<p>30. Frontal Air Bag System</p> <p>Availability/Function (This Occupant Position)</p> <p>(0) Not equipped/not available (1) Air bag</p> <p><i>Non-functional</i></p> <p>(2) Air bag disconnected (specify): _____ (3) Air bag not reinstalled (9) Unknown</p> <p>31. Frontal Air Bag System Deployment</p> <p>(This Occupant Position)</p> <p>(0) Not equipped/not available (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p> <p>32. Other Than First Seat Frontal Air Bag</p> <p>Availability/Function (This Occupant Position)</p> <p>(0) Not equipped/not available (1) Air bag</p> <p><i>Non-functional</i></p> <p>(2) Air bag disconnected (specify): _____ (3) Air bag not reinstalled (9) Unknown</p> <p><i>Specify type of "other" air bag present:</i> _____</p> <p>33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position)</p> <p>(0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p> <p>34. Are There Indications of Air Bag System Failure? (This Occupant Position)</p> <p>(0) Not equipped/not available (1) No (2) Yes (specify): _____ (9) Unknown</p>

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

<p>35. Had Vehicle Been in Previous Accident(s)? <u>0</u></p> <p>(0) Not equipped/not available (1) No previous accidents Yes (2) Previous accident(s) without deployment(s) (3) One previous accident with deployment (4) More than one previous accident with at least one deployment (8) Previous accidents, unknown deployment status (9) Unknown</p>	<p>40. Longitudinal Component of Delta V For Air Bag Deployment Impact <u>+ - 0 0 0</u></p> <p>(_000) Not equipped/not available <i>Code the value of the delta V for the impact that initiated the air bag deployment</i> (_996) Deployment, unknown longitudinal Delta V (_997) Not deployed (_998) Unknown if deployed (_999) Unknown</p>
<p>36. Type of Air Bag <u>0</u></p> <p>(0) Not equipped/not available (1) Original manufacturer installed system (2) Retrofitted air bag (3) Replacement air bag (8) Unknown type of air bag (9) Unknown</p>	<p>41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? <u>0</u></p> <p>(0) Not equipped/not available (1) No (2) Yes (3) Deployed, unknown if flap(s) opened at designated tear points (7) Not deployed (8) Unknown if deployed (9) Unknown</p>
<p>37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? <u>0</u></p> <p>(0) Not equipped/not available (1) No prior maintenance (2) Yes, prior maintenance (specify): _____ (9) Unknown</p>	<p>42. Were Air Bag Module Cover Flap(s) Damaged? <u>0</u></p> <p>(0) Not equipped/not available (1) No (2) Yes (specify): _____ (3) Deployed, unknown if air bag module cover flap(s) damaged (7) Not deployed (8) Unknown if deployed (9) Unknown</p>
<p>38. Air Bag Deployment Accident Event Sequence Number <u>00</u></p> <p>(00) Not equipped/not available _____ Code the accident event sequence number that initiated the air bag deployment (96) Deployed, unknown event (97) Not deployed (98) Unknown if deployed (99) Unknown</p>	<p>43. Was There Damage To The Air Bag? <u>00</u></p> <p>(00) Not equipped/not available (01) Not damaged Yes - Air Bag Damage (02) Ruptured (03) Cut (04) Torn (05) Holed (06) Burned (07) Abraded (88) Other damage (specify): _____</p>
<p>39. CDC For Air Bag Deployment Impact <u>0</u></p> <p>(0) Not equipped/not available (1) Highest delta V (2) Second highest delta V (3) Other non-coded delta V (specify): _____ (6) Deployed, unknown event (7) Not deployed (8) Unknown if deployed (9) Unknown</p>	<p>(95) Damaged, details unknown (96) Deployed, unknown if damaged (97) Not deployed (98) Unknown if deployed (99) Unknown</p>

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION <i>continued</i>		HEAD RESTRAINT AND SEAT EVALUATION	
44. Source of Air Bag Damage	<u>OO</u>	49. Head Restraint Type/Damage by Occupant at This Occupant Position	<u>9</u>
(00) Not equipped/not available		(0) No head restraints	
(01) Not damaged		(1) Integral—no damage	
(02) Object worn by occupant, (specify):		(2) Integral—damaged during accident	
(03) Object carried by occupant, (specify):		(3) Adjustable—no damage	
(04) Adaptive/assistive controls, (specify):		(4) Adjustable—damaged during accident	
(05) Fire in vehicle		(5) Add-on—no damage	
(06) Thermal burns		(6) Add-on—damaged during accident	
(07) Rescue or emergency efforts		(7) Other (specify):	
(08) Other damage source (specify):		(8) Other (specify):	
(95) Damaged, unknown source		(9) Unknown	
(96) Deployed, unknown if damaged		50. Seat Type (this Occupant Position)	<u>OI</u>
(97) Not deployed		(00) Occupant not seated or no seat	
(98) Unknown if deployed		(01) Bucket	
(99) Unknown		(02) Bucket with folding back	
45. Was The Air Bag Tethered?	<u>O</u>	(03) Bench	
(0) Not equipped/not available		(04) Bench with separate back cushions	
(1) No		(05) Bench with folding back(s)	
(2) Yes (specify number of tether straps):		(06) Split bench with separate back cushions	
(3) Deployed, unknown if tethered		(07) Split bench with folding back(s)	
(7) Not deployed		(08) Pedestal (i.e., column supported)	
(8) Unknown if deployed		(09) Box mounted seat (i.e., van type)	
(9) Unknown		(10) Other seat type (specify):	
46. Did The Air Bag Have Vent Ports?	<u>O</u>	(99) Unknown	
(0) Not equipped/not available		51. Seat Orientation (this Occupant Position)	<u>I</u>
(1) No		(0) Occupant not seated or no seat	
(2) Yes (specify number of vent ports):		(1) Forward facing seat	
(3) Deployed, unknown if vent ports present		(2) Rear facing seat	
(7) Not deployed		(3) Side facing seat (inward)	
(8) Unknown if deployed		(4) Side facing seat (outward)	
(9) Unknown		(8) Other (specify):	
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant?	<u>O</u>	(9) Unknown	
(0) Not equipped/not available		52. Seat Track Adjusted Position Prior To Impact	<u>I</u>
(1) No		(0) Occupant not seated or no seat	
(2) Yes (specify):		(1) Non-adjustable seat track	
(3) Deployed, unknown if other occupant contact to air bag		<i>PER DRIVER</i>	
(7) Not deployed		<i>Adjustable Seat Track</i>	
(8) Unknown if deployed		(2) Seat at forward most track position	
(9) Unknown		(3) Seat between forward most and middle track positions	
48. Was This Occupant Wearing Eye-wear?	<u>O</u>	(4) Seat at middle track position	
(0) Not equipped/not available		(5) Seat between middle and rear most track positions	
(1) No		(6) Seat at rear most track position	
(2) Eyeglasses/sunglasses		(9) Unknown	
(3) Contact lenses			
(4) Deployed, unknown if eyewear worn			
(7) Not deployed			
(8) Unknown if deployed			
(9) Unknown			

HEAD RESTRAINT AND SEAT EVALUATION *continued***53. Seat Back Incline Prior and Post Impact**

- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

Slightly reclined prior to impact

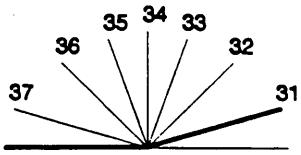
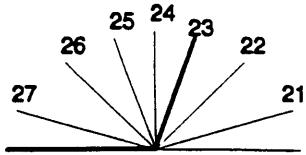
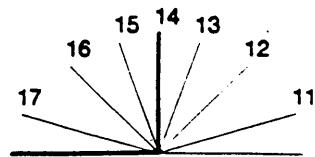
- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
 - (32) Moved to rearward midrange position
 - (33) Moved to slightly rearward position
 - (34) Moved to upright position
 - (35) Moved to slightly forward position
 - (36) Moved to forward midrange position
 - (37) Moved to completely forward position
- (99) Unknown

54. Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed
 (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion, (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown



CHILD SAFETY SEAT	
<p>55. Child Safety Seat Make/Model <u> 0 0 0 </u> (000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify): <u>(998) Unknown make/model</u> <u>(999) Unknown if child safety seat used</u></p> <p>56. Type of Child Safety Seat <u> 0 </u> (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat - with shield (5) Booster seat - without shield (7) Other type child safety seat (specify): <u>(8) Unknown child safety seat type</u> <u>(9) Unknown if child safety seat used</u></p> <p>57. Child Safety Seat Orientation <u> 0 0 </u> <i>Designed for Rear Facing for This Age/Weight</i> (01) Rear facing (02) Forward facing (08) Other orientation (specify): <u>(09) Unknown orientation</u> <i>Designed For Forward Facing for This Age/Weight</i> (11) Rear facing (12) Forward facing (18) Other orientation (specify): <u>(19) Unknown orientation</u> <i>Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight</i> (21) Rear facing (22) Forward facing (28) Other orientation (specify): <u>(29) Unknown orientation</u> <u>(99) Unknown if child safety seat used</u></p>	<p>58. Child Safety Seat Harness Usage <u> 0 0 </u></p> <p>59. Child Safety Seat Shield Usage <u> 0 0 </u></p> <p>60. Child Safety Seat Tether Usage <u> 0 0 </u> <small>Note: Options below applicable to Variables OA58-OA60.</small> (00) No child safety seat <i>Not Designed With Harness/Shield/Tether</i> (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used <i>Designed With Harness/Shield/Tether</i> (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used <i>Unknown If Designed With Harness/Shield/Tether</i> (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used <u>(99) Unknown if child safety seat used</u></p>

INJURY CONSEQUENCES	
<p>61. Injury Severity (Police Rating)</p> <p>(0) O - No injury (1) C - Possible injury (2) B - Nonincapacitating injury (3) A - Incapacitating injury (4) K - Killed (5) U - Injury, severity unknown (6) Died prior to accident (9) Unknown</p>	<u>3</u>
<p>62. Treatment - Mortality</p> <p>(0) No treatment (1) Fatal (2) Fatal - ruled disease (specify): <hr/></p> <p><i>Nonfatal</i></p> <p>(3) Hospitalization (4) Transported and released (5) Treatment at scene - nontransported (6) Treatment later (7) Treatment - other (specify): <hr/> (8) Transported to a medical facility-unknown if treated (9) Unknown</p>	<u>4</u>
<p>63. Type Of Medical Facility (for Initial Treatment)</p> <p>(0) Not treated at a medical facility (1) Trauma center (2) Hospital (3) Medical clinic (4) Physician's office (5) Treatment later at medical facility (8) Other (specify): <hr/> (9) Unknown</p>	<u>2</u>
<p>64. Hospital Stay</p> <p>(00) Not Hospitalized <hr/>Code the number of days (up through 60) that the occupant stayed in hospital. (61) 61 days or more (99) Unknown</p>	<u>0 0</u>
<p>65. Working Days Lost</p> <p><hr/>Code the number of days (up through 60) that the occupant lost from work due to the accident</p> <p>(00) No working days lost (61) 61 days or more (62) Fatally injured (97) Not working prior to accident (99) Unknown</p>	<u>1 3</u>

STOP WORK HERE

VARIABLES 66-74

TO BE CODED BY THE ZONE CENTER

TO BE CODED BY THE ZONE CENTER

INJURY CONSEQUENCES		TRAUMA DATA
66. Time to Death ____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60) (00) Not fatal (96) Fatal - ruled disease (99) Unknown	<u>00</u>	71. Glasgow Coma Scale (GCS) Score (at Medical Facility) <u>15</u> (00) Not injured (01) Injured - not treated at medical facility (02) No GCS Score at medical facility (03-15) Code the actual value of the initial GCS Score recorded at medical facility. (97) Injured, details unknown (99) Unknown if injured
67. 1st Medically Reported Cause of Death	<u>00</u>	72. Was the Occupant Given Blood? <u>1</u> (1) No - blood not given (2) Yes - blood given (specify units): _____ (9) Unknown if blood given
68. 2nd Medically Reported Cause of Death	<u>00</u>	
69. 3rd Medically Reported Cause of Death ____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death (00) Not fatal or no additional causes (96) Mode of death given but specific injuries are not linked to cause of death. (specify): (97) Other result (includes fatal ruled disease) (specify): (99) Unknown	<u>00</u>	73. Arterial Blood Gases (ABG) - HCO ₃ <u>01</u> (00) Not injured (01) Injured, ABGs not measured or reported (02-50) Code the actual value of the HCO ₃ (96) ABGs reported , HCO ₃ unknown (97) Injured, details unknown (99) Unknown if injured
BELT USE DETERMINATION		
70. Number of Recorded Injuries for This Occupant <u>11</u> Code the actual number of injuries recorded for this occupant.	<u>11</u>	74. Primary Source of Belt Use Determination <u>3</u> (0) Not equipped/not available/destroyed or rendered inoperative (1) Vehicle inspection (2) Official injury data (3) Driver/occupant interview (8) Other (specify): _____ (9) Unknown if belt used

Appendix N:

NASS CDS OCCUPANT INJURY FORM:

VEHICLE #2 DRIVER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

BEST AVAILABLE

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT INJURY FORM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9516

3. Vehicle Number 02
4. Occupant Number 01

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	A.I.S. - 90						Injury Source Confidence	Injury Direct/Indirect Level	Occupant Area Intrusion Number
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect			

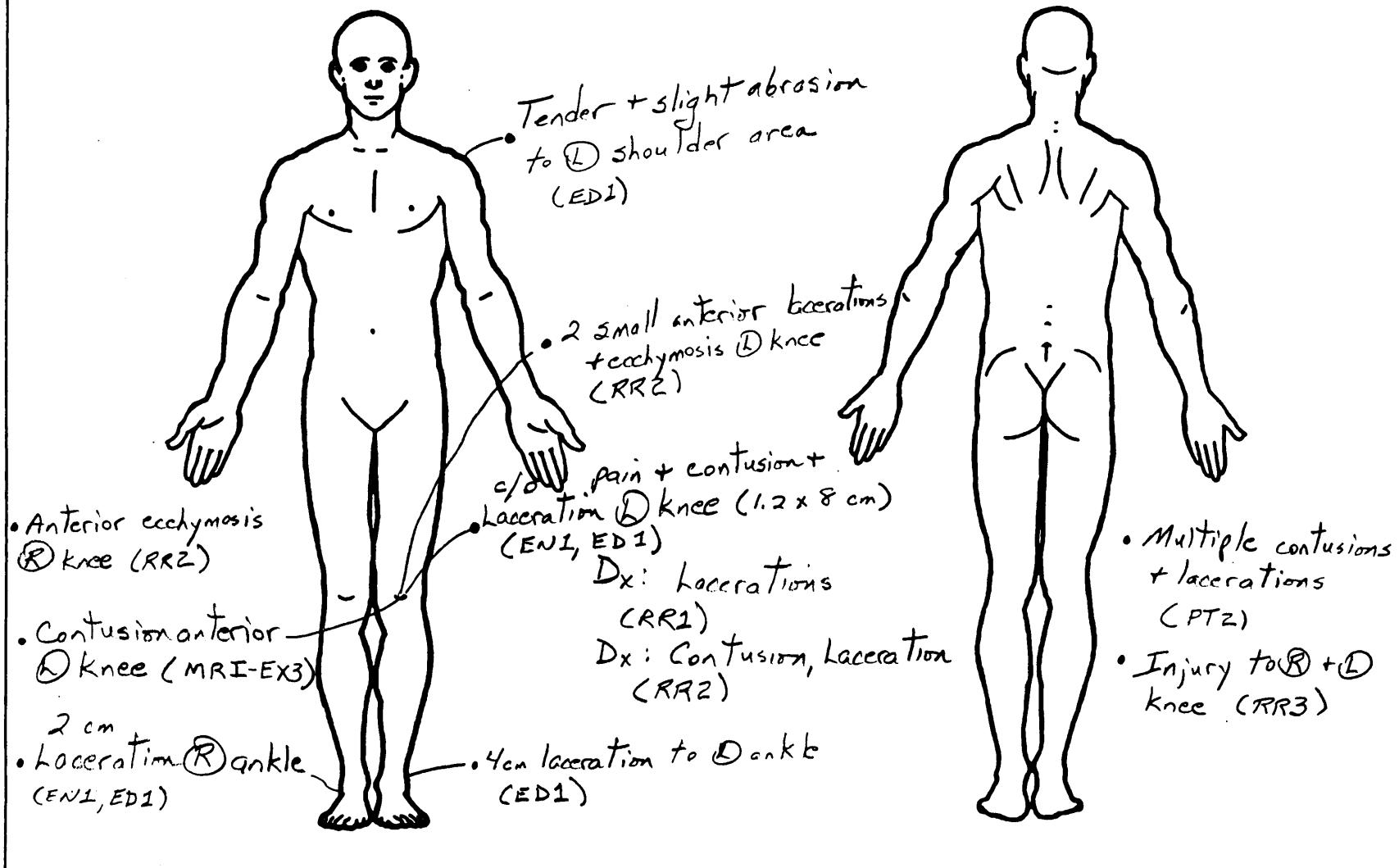
① Laceration 1st knee 5. 3 6. 8 7. 9 8. 06 9. 02 10. 1 11. 2 12. 010 13. 2 14. 1 15. 99
 ① Contusion 2nd knee 16. 3 17. 8 18. 9 19. 04 20. 02 21. 1 22. 2 23. 010 24. 2 25. 1 26. 99
 ② Contusion 3rd knee 27. 3 28. 8 29. 9 30. 04 31. 02 32. 1 33. 1 34. 010 35. 2 36. 1 37. 99
 ② Laceration 4th ankle 38. 3 39. 8 40. 9 41. 06 42. 02 43. 1 44. 1 45. 254 46. 3 47. 1 48. 99
 ② Laceration 5th ankle 49. 3 50. 8 51. 9 52. 06 53. 02 54. 1 55. 2 56. 010 57. 2 58. 1 59. 99
 ① Abrasion 6th shoulder 60. 3 61. 7 62. 9 63. 02 64. 02 65. 1 66. 2 67. 152 68. 2 69. 1 70. 00
 ② Contusion 7th chest 71. 7 72. 4 73. 9 74. 04 75. 02 76. 1 77. 4 78. 152 79. 2 80. 1 81. 00
 ① Contusion 8th shoulder 82. 7 83. 7 84. 9 85. 04 86. 02 87. 1 88. 2 89. 152 90. 2 91. 1 92. 00
 ② Contusion 9th forearm 93. 7 94. 7 95. 9 96. 04 97. 02 98. 1 99. 2 100. 010 101. 2 102. 1 103. 99
 ① Sprain 10th ankle 104. 7 105. 8 106. 5 107. 02 108. 06 109. 1 110. 2 111. 251 112. 2 113. 1 114. 99

OCCUPANT INJURY DATA

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Dash board injury both knees (RR2, EX3)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head (2) Face (3) Neck (4) Thorax (5) Abdomen (6) Spine (7) Upper Extremity (8) Lower Extremity (9) Unspecified	<u>Vessels, Nerves, Organs.</u> <u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02. The exceptions to this rule apply to:	Specific injuries are assigned consecutive two-digit numbers beginning with 02. To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(1) Right (2) Left (3) Bilateral (4) Central (5) Anterior (6) Posterior (7) Superior (8) Inferior (9) Unknown (0) Whole region
Type of Anatomic Structure	<u>Whole Area</u> (02) Skin - Abrasion (04) Skin - Contusion (06) Skin - Laceration (08) Skin - Avulsion (10) Amputation (20) Burn (30) Crush (40) Degloving (50) Injury - NFS (90) Trauma, other than mechanical	<u>Abbreviated Injury Scale</u> (1) Minor Injury (2) Moderate Injury (3) Serious Injury (4) Severe Injury (5) Critical Injury (6) Maximum (untreatable) (7) Injured, unknown severity	
(1) Whole Area (2) Vessels (3) Nerves (4) Organs (includes Muscles/ligaments) (5) Skeletal (includes joints) (6) Head - LOC (9) Skin	<u>Head - LOC</u> (02) Length of LOC (04) Level (06) of (08) Consciousness (10) Concussion		
	<u>Spine</u> (02) Cervical (04) Thoracic (06) Lumbar		

SOURCE OF INJURY DATA	INJURY SOURCE CONFIDENCE LEVEL	DIRECT/INDIRECT INJURY
<u>OFFICIAL RECORDS</u> (1) Autopsy records with or without hospital/medical records (2) Hospital/medical records other than emergency room (e.g., discharge summary) (3) Emergency room records only (including associated X-rays or other lab reports) (4) Private physician, walk-in or emergency clinic <u>UNOFFICIAL RECORDS</u> (5) Lay coroner report (6) E.M.S. personnel (7) Interviewee (8) Other source (specify): _____ (9) Police _____	(1) Certain (2) Probable (3) Possible (9) Unknown	(1) Direct contact injury (2) Indirect contact injury (3) Noncontact injury (7) Injured, unknown source

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

- No
 Yes

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Blood Alcohol Level (mg/dl)

BAL = _____

Glasgow Coma Scale Score

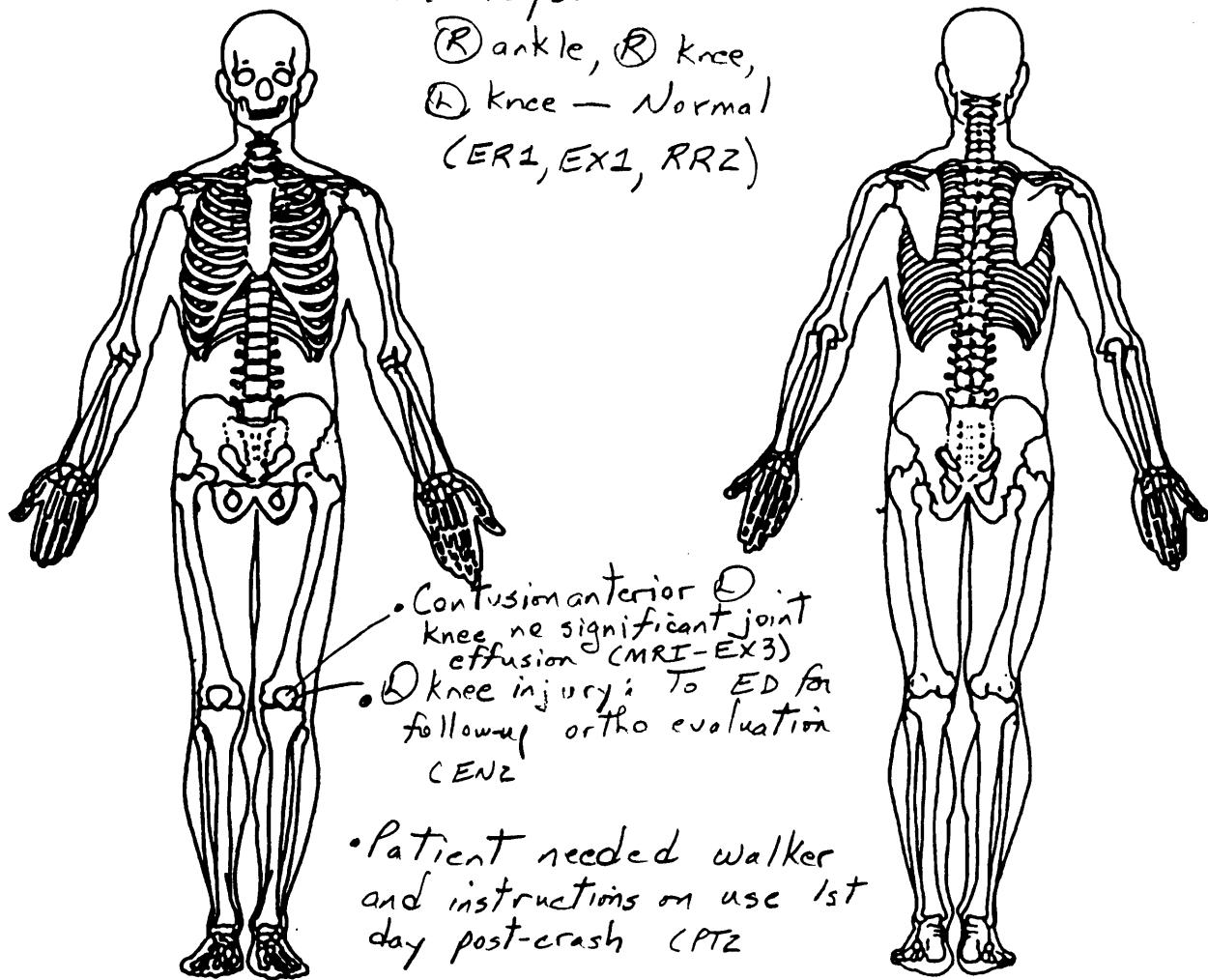
GCSS = 15
(ED1)

Units of Blood Given

Units = _____

Arterial Blood Gases

pH = _____

PO₂ = _____PCO₂ = _____HCO₃ = _____

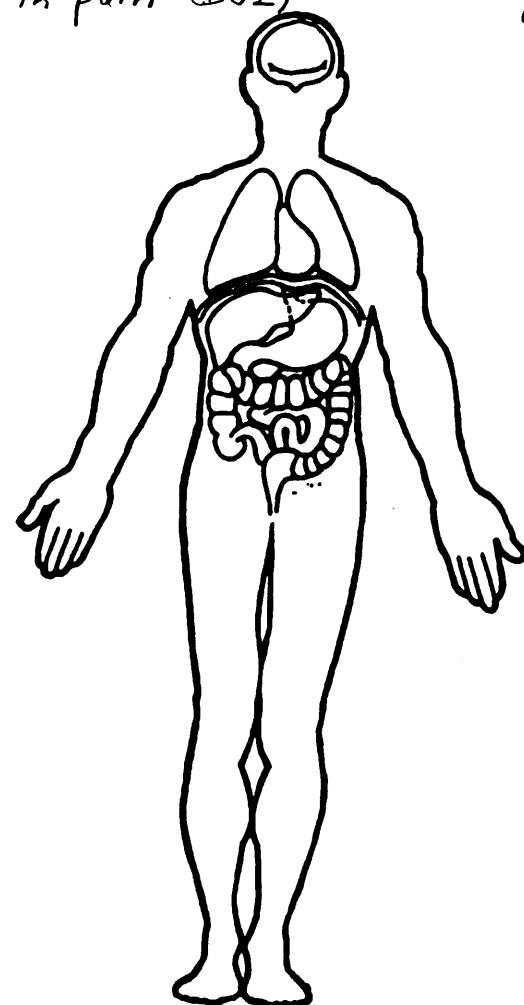
INJURY SOURCES

FRONT	(102) Right side hardware or armrest (103) Right A (A1/A2)-pillar (104) Right B-pillar (105) Other right pillar (specify): INTERIOR (151) Seat, back support (152) Belt restraint webbing/buckle (153) Belt restraint B-pillar or door frame attachment point (154) Other restraint system component (specify): AIR BAG (170) Air bag-driver side (171) Air bag-driver side and eyewear (172) Air bag-driver side and jewelry (173) Air bag-driver side and object held (174) Air bag-driver side and object in mouth (175) Air bag compartment cover-driver side (176) Air bag compartment cover-driver side and eyewear (177) Air bag compartment cover-driver side and jewelry (178) Air bag compartment cover-driver side and object held (179) Air bag compartment cover-driver side and object in mouth (180) Air bag-passenger side (181) Air bag-passenger side and eyewear (182) Air bag-passenger side and jewelry	(183) Air bag-passenger side and object held (184) Air bag-passenger side and object in mouth (185) Air bag compartment cover-passenger side (186) Air bag compartment cover-passenger side and eyewear (187) Air bag compartment cover-passenger side and jewelry (188) Air bag compartment cover-passenger side and object held (189) Air bag compartment cover-passenger side and object in mouth (190) Other air bag (specify) ROOF (201) Front header (202) Rear header (203) Roof left side rail (204) Roof right side rail (205) Roof or convertible top FLOOR (251) Floor (including toe pan) (252) Floor or console mounted transmission lever, including console (253) Parking brake handle (254) Foot controls including parking brake	(411) Wall mounted head rest (used behind wheel chair) (412) Other adaptive device (specify): EXTERIOR OF OCCUPANT'S VEHICLE (451) Hood (452) Outside hardware (e.g., outside mirror, antenna) (453) Other exterior surface or tires (specify): (454) Unknown exterior objects EXTERIOR OF OTHER MOTOR VEHICLE (501) Front bumper (502) Hood edge (503) Other front of vehicle (specify): (504) Hood (505) Hood ornament (506) Windshield, roof rail, A-pillar (507) Side surface (508) Side mirrors (509) Other side protrusions (specify): (510) Rear surface (511) Undercarriage (512) Tires and wheels (513) Other exterior of other motor vehicle (specify): (514) Unknown exterior of other motor vehicle OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT (551) Ground (598) Other vehicle or object (specify): (599) Unknown vehicle or object NONCONTACT INJURY (601) Fire in vehicle (602) Flying glass (603) Other noncontact injury source (specify): (604) Air bag exhaust gases (697) Injured, unknown source
LEFT SIDE	(051) Left side interior surface, excluding hardware or armrests (052) Left side hardware or armrest (053) Left A (A1/A2)-pillar (054) Left B-pillar (055) Other left pillar (specify): LEFT SIDE (056) Left side window glass (057) Left side window frame (058) Left side window sill (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail. (060) Other left side object (specify):	(170) Air bag-driver side (171) Air bag-driver side and eyewear (172) Air bag-driver side and jewelry (173) Air bag-driver side and object held (174) Air bag-driver side and object in mouth (175) Air bag compartment cover-driver side (176) Air bag compartment cover-driver side and eyewear (177) Air bag compartment cover-driver side and jewelry (178) Air bag compartment cover-driver side and object held (179) Air bag compartment cover-driver side and object in mouth (180) Air bag-passenger side (181) Air bag-passenger side and eyewear (182) Air bag-passenger side and jewelry	(401) Hand controls for braking/acceleration (402) Steering control devices (attached to OEM steering wheel) (403) Steering knob attached to steering wheel (405) Replacement steering wheel (i.e., reduced diameter) (406) Joy stick steering controls (407) Wheelchair tie-downs (408) Modification to seat belts, (specify): (409) Additional or relocated switches, (specify): (410) Raised roof
RIGHT SIDE	(101) Right side interior surface, excluding hardware or armrests		

OFFICIAL INJURY DATA - INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

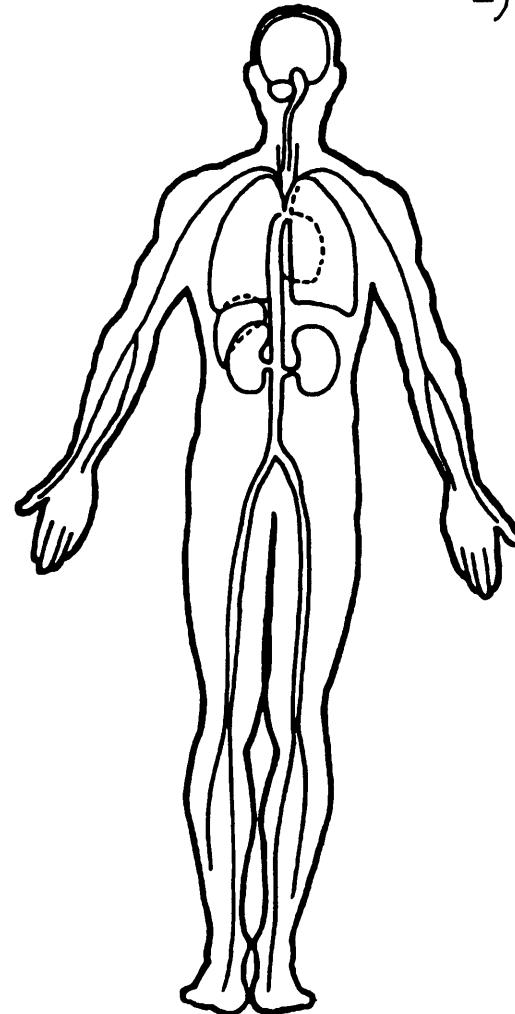
- Alert + oriented x3
in pain (ED1)



- CN II - XII (ED1)

- No LOC (EN1)

- Denies LOC (ED1)



CAUSE OF DEATH

Not Applicable

ICD-9 CM

RR1 891.0: Open wound of knee, lower leg, or ankle without complication
 RR2 924.11: Contusion knee

RR1 86.59: Suture skin and subcutaneous tissue @ other sites

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified	<i>Not tested!</i>	

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
PX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

RR Registration Record
 PT Physical Therapy

EMERGENCY DEPARTMENT RECORD

BEST AVAILABLE

PATIENT NAME	DATE	BIRTHDATE	SOC SEC NO
--------------	------	-----------	------------

CHIEF COMPLAINT:

NURSES NOTES	TO ED THIS MORNING PER ADVICE OF OUR WRACK COLONIUM TO Q knee, (R) ankle laceration NO LOC, FREE C-SPINE EXAMINATION ASSISTED			3 Private Car <input checked="" type="checkbox"/> Ambulance <input type="checkbox"/> Police	TRIAGE: <input checked="" type="checkbox"/> Non-urgent <input type="checkbox"/> Urgent <input type="checkbox"/> Emergent <input type="checkbox"/> Scheduled
TIME:				AM	PM

NOTES	ALLERGIES	MEDICATIONS - CURRENT						
	Dovek Pe N/Codine	Premarin 0.625						
PHYSICIANS' REPORT	CONDITION ON ADMISSION	TEMP.	ORAL RECTAL AXILLARY	P.	R.	BP.	LAST ATE	LTT
TIME Seen	AM	The pt. was driver of truck. pt. stated she had been pulled out in front of her & she ran into back of school bus. Both vehicles caught on fire. pt. got out of her vehicle unaided unaided. She stopped to (Q) knee with laceration, & laceration to (R) ankle. Does well. headache, nausea, chf, abdominal pain, back pain & hip pain. No peritonitis. Pmt. Previous visit with fractures of pelvis, sacrum, ribs & laceration to (Q) knee.						
DIAGNOSIS	018 480+3, in pain. Right knee contusion (R) head - elbow. Chest							
	Vest - no trachea. Chest - take a sl. aside to (Q) shoulder area. lungs: clear regular cardiac							
	long leg cast applied to (Q) knee. Pt. has 11 days, fr. 17. 031							
	Pt. has rt. hip n.t. Gastro will examine. Laceration to (R) knee confusion with ecchymosis.							
	- now in collagen flaccid - 4cm elevation to (R) knee area. See							
	Laceration: knee 8mm to (Q) knee, laceration 2mm to 1cm 1.7cm							
PROCEDURES	Right knee, repair 6 + 5 + 8 s.c.s	CONDITION ON DISCHARGE: S1/asc						
	post op.	DISPOSITION: Home						

ORDERS	(Q) knee ✓	MEDICATIONS	d T. 0.5. 5x 10 to 10 to 10		
	(R) ankle ✓		DARVACET N-100 + po 1/2 after 10 to 10		
	(R) knee ✓	ERYTHROMYCIN 333 + po now + daily 1100 a			
	4/4.1	Rx Direct area #26			
	Release	Rx Cetriplan 533 #30			

INSTRUCTIONS	Rest at home. Use ice pack on knee & ankle for 20 minutes every 2 hours while awake. Medications prescribed. See Dr. for follow up. 185i after 10-30 min.				
	Detailed understanding of instructions				
I HAVE RECEIVED AND UNDERSTAND THE INSTRUCTIONS ABOVE					

X

PATIENT OR RESPONSIBLE PARTY SIGNATURE

PRACTITIONER SIGNATURE

TIME OF DISCHARGE

MEMORIAL HOSPITAL

REGISTRATION RECORD

ACCOUNT NUMBER		FC	BIRTHDATE	AGE	PRIOR VISIT DATE	ROOM / BED	SERVICE	PATIENT TYPE	MEDICAL RECORD NO
		CM		48			ER	ER	
IBLISH:	SEX	MS	ADV. DIR.	PRIOR ADMISSION DATE	PRIOR NAME		ADM SOURCE	BROUGHT BY	ADMIT DATE
NO	F	M	NO		SAME		7	AMBUL	95
ACCIDENT	ACCIDENT TIME	ONSET DATE	REL TO PREGNANCY	RELIGION	CHURCH				ADMIT TIME
01		95	NO						DISCHARGE TIME 95

COUNTY	COUNTRY	PHONE	OF AMERICA	RELATIVE	INSURANCE	SS#	ADM:
						/P	HATD:
							, M.D.
						EMPLOYEE BENEFIT ADMINISTRATOR	PRECERT
						no ins cards/ They burnt in wreck.	PRECERT
							PRECERT

ADMITTING DIAGNOSIS / COMPLAINT	REMARKS:	DRG
---------------------------------	----------	-----

FINAL DIAGNOSES:

891.0

OPERATIONS
AND PROCEDURES

86.59

DISPOSITION	<input type="checkbox"/> HOME	<input type="checkbox"/> DIED UNDER 48 HOURS	<input type="checkbox"/> AUTOPSY	<input type="checkbox"/> TRANSFERRED HOSPITAL	<input type="checkbox"/> AGAINST ADVICE
	<input type="checkbox"/> ADMIT / TIME	<input type="checkbox"/> DIED OVER 48 HOURS	<input type="checkbox"/> NO AUTOPSY	<input type="checkbox"/> TRANSFERRED EFC	<input type="checkbox"/> OTHER

CONSULTATION WITH	CONDITION ON DISCHARGE:
-------------------	-------------------------

I certify that the narrative descriptions of the principle and secondary diagnoses and the major procedures performed are accurate and complete to the best of my knowledge

TIME / DATE _____

SIGNED _____

PHYSICIAN

PATIENT:
PHYSICIAN:

MR NO.:
X-RAY NO.:
ROOM NO.: ER

DATE: 95

PATIENT HISTORY: Motor vehicle accident.

THREE VIEWS OF THE RIGHT ANKLE: There is no evidence of fracture or other bony abnormality. A small amount of air is seen in the distal leg medially compatible with laceration. No opaque soft tissue foreign bodies are seen.

IMPRESSION: Normal right ankle.

THREE VIEWS OF THE RIGHT KNEE: There is no evidence of fracture or other acute bony abnormality. No joint fluid is seen.

IMPRESSION: Normal right knee.

THREE VIEWS OF THE LEFT KNEE: Normal.

D: 95
T: 95

, M.D.

RADIOLOGY

Page 1

LABORATORY REPORT

BEST AVAILABLE

IMPRINT PATIENT NAME HERE

#3

TO ATTACH THE THIRD REPORT, PULL OFF THE TWO PROTECTIVE PATCHES INDICATED BY THE ARROWS.

THE PRESSURE-SENSITIVE GLUE WILL BE EXPOSED AND FIRMLY PRESS THE REPORT OVER THE EXPOSED AREA.

BE SURE TOP OF FORM IS EVEN WITH THE LINE ON THE CHART SHEET.

COLLECTED BY	DATE	TIME	PERFORMED BY	DATE	TIME	REVIEWED BY	
						100	
Pt ID: SS#: Adm Phys: Admitted:	MR#:		Fam Phys: Req Phys: Adm Dx:	DOB:		48 W F Room:	
L95	L95					Type: ER	
Urinalysis, w/ Microscopic (UAM)						Results	
Date Collect: Priority: Collect Method: Comments:	Time Collect: 10:30			Color	Yellow	Protein	neg
STA Clean Catch				Clarity	Clear	Glucose	neg
				Sp Grav	1.015	Ketones	neg
				pH	7.0	Urobili	neg
				Leuko	Neg	Bilirubin	neg
				Nitrite	neg	Blood	neg

HOSPITAL

COLLECTED BY	DATE	TIME	PERFORMED BY	DATE	TIME	REVIEWED BY	
Pt ID: SS#: Adm Phys: Admitted:	MR#:		Fam Phys: Req Phys: Adm Dx: MVA/LACERATIONS	DOB:		48 W F Room:	
L95	L95					Type: ER	
Urinalysis, w/ Microscopic (UAM)						Results	
Date Collect: Priority: Collect Method: Comments:	Time Collect: 10:30			WBC/hpf	0-1	RBC/hpf	0
STA Clean Catch				Epis/lpf	X-10	Casts/lpf	0
				Mucus	0	Crystals	0
				Bacteria	0	Amorph Sed	0

HOSPITAL-

BEST AVAILABLE

REGISTRATION RECORD

JNUT NUMBER		FC CM	BIRTHDATE 10-10-95	AGE 48	PRIOR VISIT DATE	ROOM / BED 7	SERVICE ERA	PATIENT TYPE ER	MEDICAL RECORD NO.	
4	SEX F	MS M	ADV. DIR. NO	PRIOR ADMISSION DATE SAME	PRIOR NAME	ADM. SOURCE AMB	BRUGHT BY -95	ADMIT DATE -95	ADMIT TIME AM PM	
10	AT ACCIDENT TIME	ONSET E		REL TO PREGNANCY -95	RELIGION NO	CHURCH	ADMIT BY	DISCHARGE DATE -95	DISCHARGE TIME 95 AM PM	
1	COUNTY OF AMERICA	COU OF AMERICA	RELA TIVE	SSN / P H Y S	ADM: ATD: FAM:	. M. D.				
EMPLOYEE BENEFIT ADMINISTRATOR										
PHONE OF AMERICA		I N S U R A N C E	PRECERT							
PRECERT										
PRECERT										
TING DIAGNOSIS / COMPLAINT <u>T KNEE INJURY</u> DIAGNOSES:										
<p>DDE</p> <p>Dr. controversy lacerations</p> <p>R Room Discomfort</p> <p>Flu; wk exer.</p> <p>Bash Board inj Back knee (L - 39 mod ant lacerations suspc or sprain. 924-11 No eff, leg straight, from mid thigh ant ecchymosis</p> <p>(R - ant ecchymosis, No eff, leg straight, noted locking cont with neg men men.</p> <p>X-ray - Neg.</p>										
REMARKS: DRG										
ATIONS ROCEDURES										

SITUATION: HOME DIED UNDER 48 HOURS AUTOPSY TRANSFERRED HOSPITAL AGAINST ADVICE
 ADMIT TIME _____ DIED OVER 48 HOURS NO AUTOPSY TRANSFERRED EFC OTHER _____

CONDITION ON DISCHARGE

I certify that the narrative descriptions of the principle and secondary diagnoses and the major procedures performed are accurate and complete to the best of my knowledge.

TIME DATE _____ SIGNED _____

BEST AVAILABLE

EMERGENCY DEPARTMENT RECORD G LT KNEE INJURY

		BIRTHDATE 95	SOC. SEC. NO	MEDICAL RECORD NO		
CHIEF COMPLAINT				ARRIVAL BY: <input checked="" type="checkbox"/> Private Car <input type="checkbox"/> Ambulance <input type="checkbox"/> Police		
NURSES	To ED for Ortho evaluation of (L) knee injury.			TRIAGE: <input checked="" type="checkbox"/> Non-urgent <input type="checkbox"/> Urgent <input type="checkbox"/> Emergent <input checked="" type="checkbox"/> Scheduled		
				TIME:		
NOTES	Cephalosporins Allergies: Daryon Pcv, Codeine		MEDICATIONS - CURRENT: Premarin Emycin			
	CONDITION ON ADMISSION: X		TEMP. ORAL RECTAL AXILLARY	P.	R. BP.	
PHYSICIANS REPORT	TIME SEEN	AM PM			LAST ATE	LTT
DIAGNOSIS:		CONDITION ON DISCHARGE:				
PROCEDURES		DISPOSITION:				
ORDERS			MEDICATIONS			
INSTRUCTIONS						
I HAVE RECEIVED AND UNDERSTAND THE INSTRUCTIONS ABOVE.						
	PATIENT OR RESPONSIBLE PARTY SIGNATURE		PHYSICIAN'S SIGNATURE			

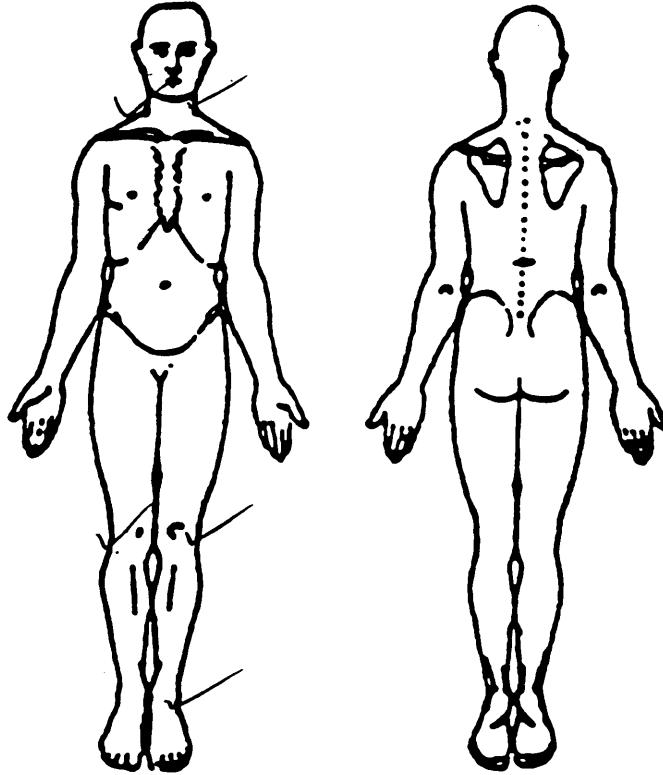
PHYSICAL THERAPY DEPARTMENT
PATIENT QUESTIONNAIRE

PATIENT'S NAME _____ REFERRING PHYSICIAN _____

OCCUPATION _____ INSURANCE CO. _____

HAVE YOU RECEIVED PHYSICAL THERAPY THIS YEAR? No WHEN? _____

PLEASE MARK THE AREA WHERE YOU HAVE YOUR PAIN, NUMBNESS, OR TINGLING.



WHAT DATE DID YOU HAVE SURGERY OR FIRST NOTICE YOUR PAIN?

WERE YOU INVOLVED IN AN ACCIDENT? (PLEASE DESCRIBE) Yes - a school pulled out in front of my cube van

WHAT HEALTHCARE PROFESSIONALS HAVE YOU SEEN REGARDING THIS PAIN? All over - both knees left the most

WHAT DIAGNOSTIC TESTS HAVE YOU HAD? (CIRCLE) X-RAYS MRI CT SCAN EMG
WHAT WERE THE RESULTS? _____

WHAT ACTIVITY OR MOVEMENT MAKES YOUR PAIN DECREASE? _____

WHAT ACTIVITY OR MOVEMENT MAKES YOUR PAIN INCREASE? Keep it still

PHYSICAL THERAPY/SPORTS MEDICINE

Dx:

Rx:

Onset Date:

BEST AVAILABLE

YEAR: 95	MONTH:	S: 48 yo ♂ Multiple contusions & lacerations. Orders for
Therapeutic Exercise		
Evaluation		
Gait Training		
Hot Pack		
Ultrasound Setting:		
Phonophoresis Setting:		
Ice Bag () Cup ()		
E. Stim Type:		
Traction PTR () CTR ()		FWB = Full weight bearing
Isok. Exercise		
Isok. Test Jt:		
Mobilizations		
Massage Local () Gen ()		
Jobst Compression		
Whirlpool Ster. ()		
Home Instruction		
Hyperbaric O ²		
Debridement		
Dressings & Bandages		

O: Pt inst in gait & Walker PWB (L).

Pt plans to rent a walker at
Verbal inst. in stepping up & down 1 step using
the walker.

Pt tol. gait well.

GOALS:

P: No further Rx's scheduled.

Therapist Signature

Physician's Signature

PATIENT: MR NO.:
PHYSICIAN: X-RAY NO.:
 ROOM NO.: OP

DATE: 95

MRI OF THE LEFT KNEE

HISTORY: Dashboard type injury. Medial pain and clicking.

Multiplanar MRI images were obtained of the left knee.

The anterior and posterior cruciate ligaments are normal in appearance. No meniscal tears are demonstrated in the medial or lateral meniscus. The medial and lateral collateral ligaments are normal in appearance. No significant joint effusion is demonstrated. Somewhat heterogenous area of low signal intensity is demonstrated in the anterior aspect of the patella on the T1 weighted images. This shows some bright signal intensity on the T2 weighted images and is consistent with a contusion. No fracture is seen. No other bony contusions are demonstrated.

IMPRESSION: 1. Signal demonstrated in the anterior patella is compatible with a contusion.
2. No other significant abnormalities are demonstrated in the left knee. No ligamentous or meniscal injuries are noted.

D: 95
T: 95

, M.D.

RADIOLOGY

Page 1

BEST AVAILABLE

REGISTRATION RECORD

ACCOUNT NUMBER		FC CM	BIRTHDATE 49	AGE	PRIOR VISIT DATE	ROOM / BED	SERVICE XRAY	PATIENT TYPE OP	MEDICAL RECORD NO
JBUSH	SEX MS F M	ADV. DIR. NO	PRIOR ADMISSION DATE 95	PRIOR NAME SAME		ADM SOURCE 1	BROUGHT BY AMB	ADMIT DATE 75	ADMIT TIME
ACCIDENT	ACCIDENT TIME	REL TO PREGNANCY NO	RELATIONSHIP RELATIVE	RELIGION	CHURCH	ADMIT BY	DISCHARGE DATE 95	DISCHARGE TIME	
05						SS# /P HYS S	ADM: ATD: FAM:		M.D.
IN COUNTY		COU		EMPLOYEE BENEFIT ADMINISTRATOR					
OF AMERICA									
IN				PRECERT					
PHONE				PRECERT					
OF AMERICA									
INSURANCE								PRECERT	
REMARKS:								DRG	
ADMITTING DIAGNOSIS / COMPLAINT INJURY RT AND LFT KNEES									
FINAL DIAGNOSES:									
OPERATIONS AND PROCEDURES:									

DISPOSITION: HOME DIED UNDER 48 HOURS AUTOPSY TRANSFERRED HOSPITAL AGAINST ADVICE
 ADMIT TIME _____ DIED OVER 48 HOURS NO AUTOPSY TRANSFERRED EFC OTHER

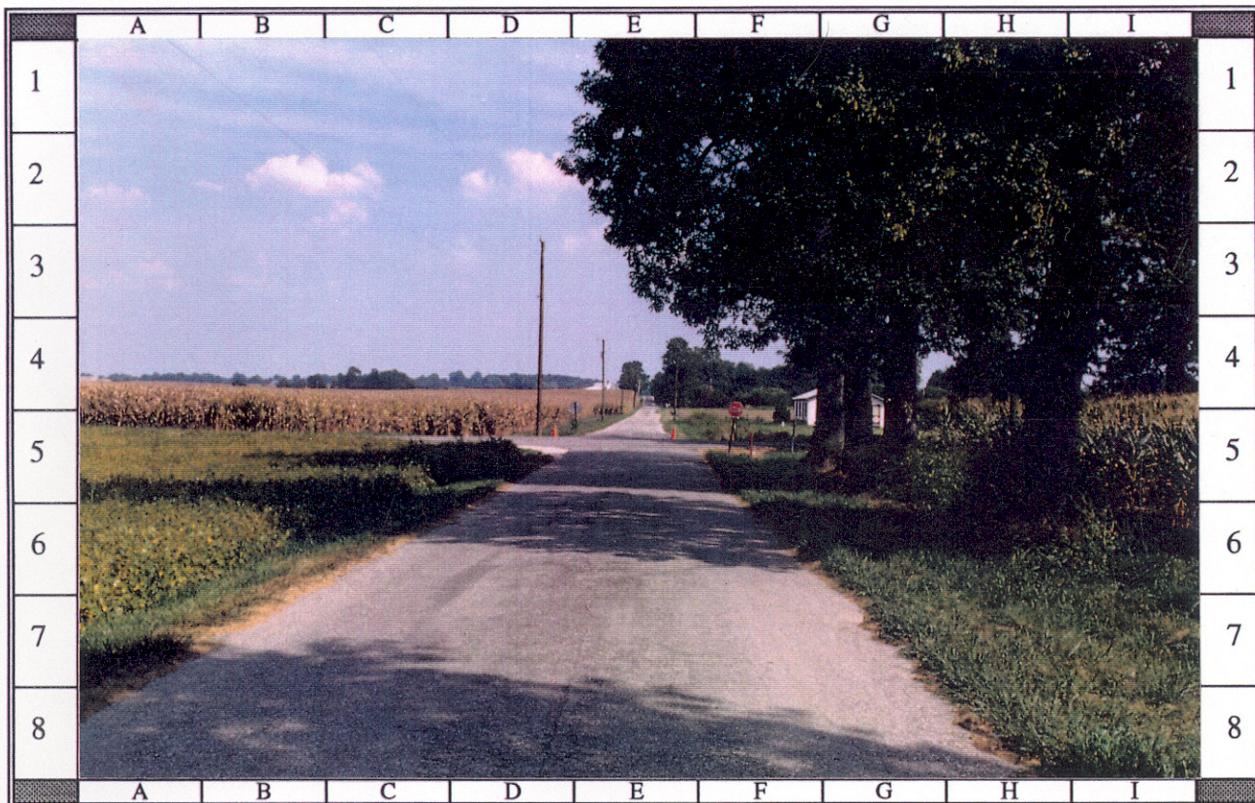
CONSULTATION WITH CONDITION ON DISCHARGE

I certify that the narrative descriptions of the principle and secondary diagnoses and the major procedures performed are accurate and complete to the best of my knowledge.

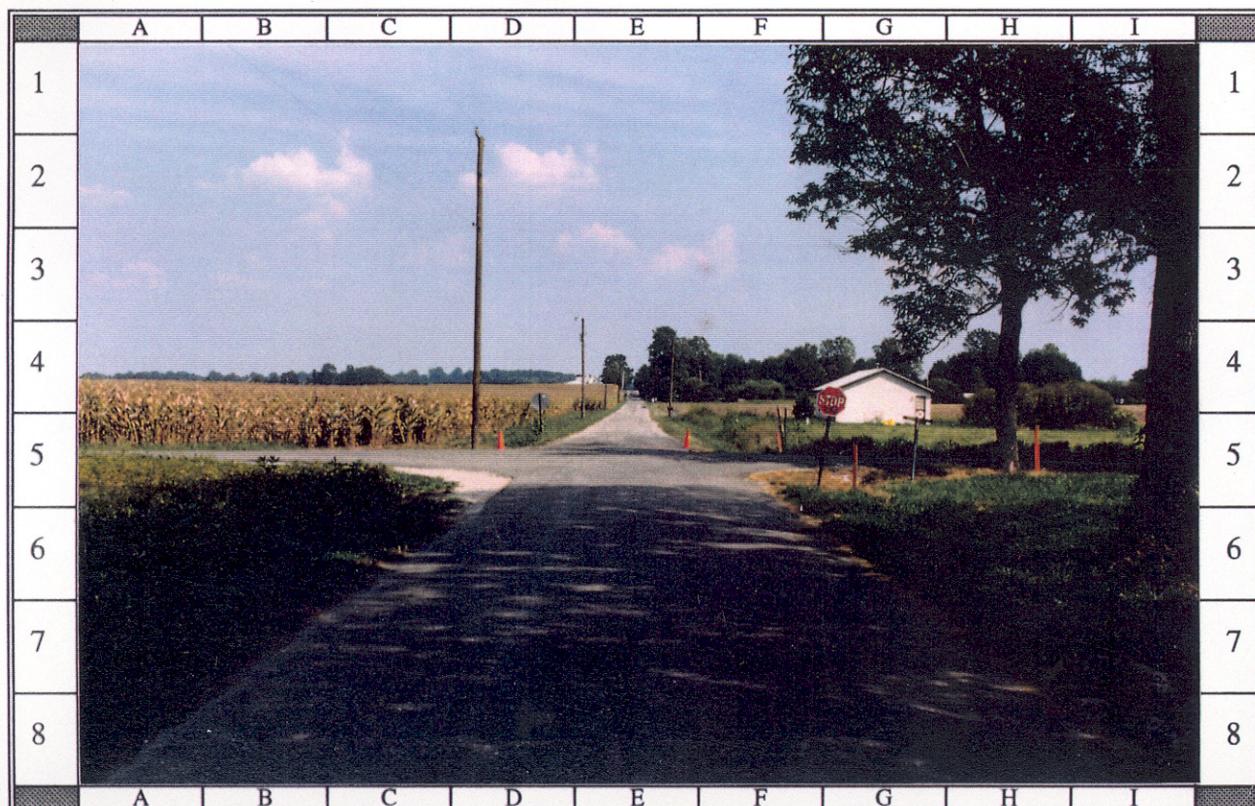
TIME / DATE _____

SIGNED _____

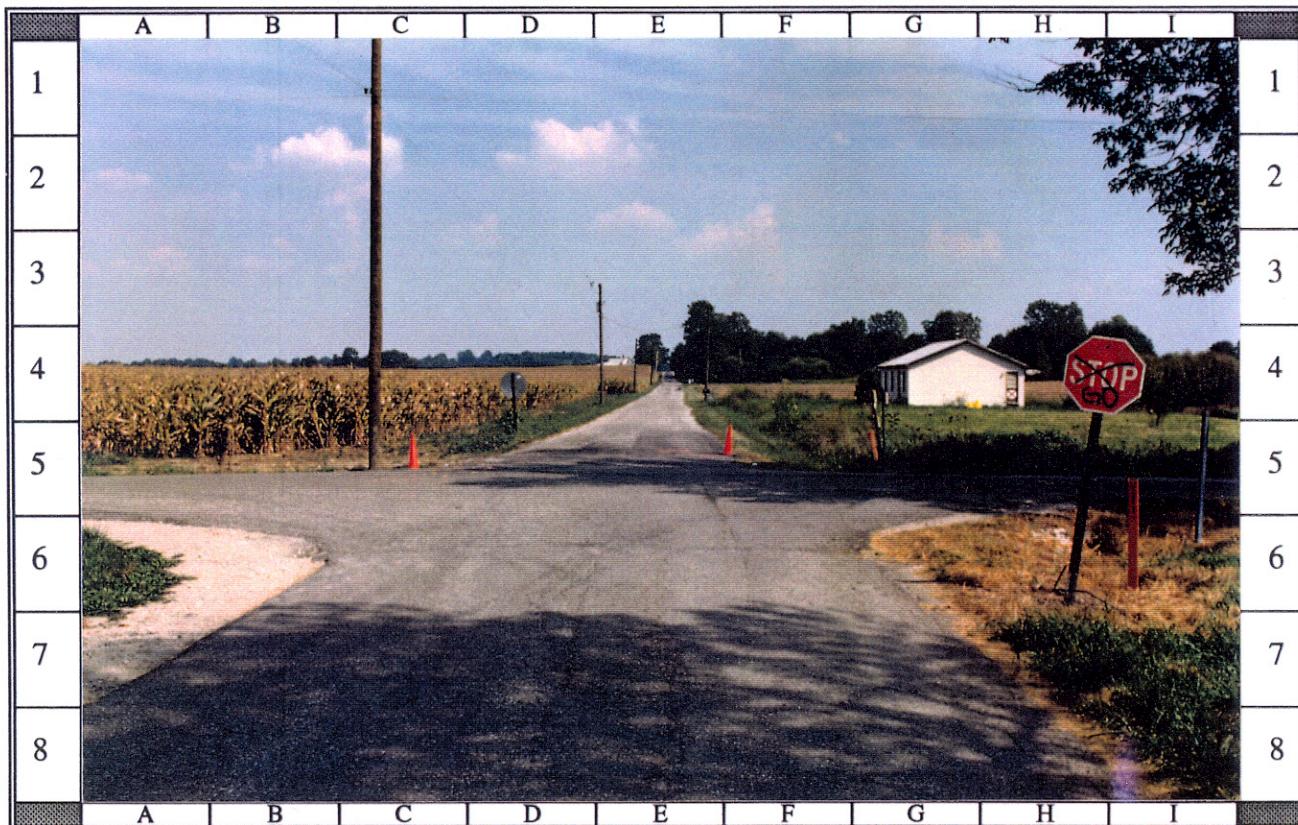
PHYSICIAN



01 -- 1986 Chevrolet-Bluebird school bus's eastward travel path in
eastbound lane ~ 50 meters (164 feet) west of impact



02 -- 1986 Chevrolet-Bluebird school bus's eastward travel path in
eastbound lane ~ 30 meters (98 feet) west of impact



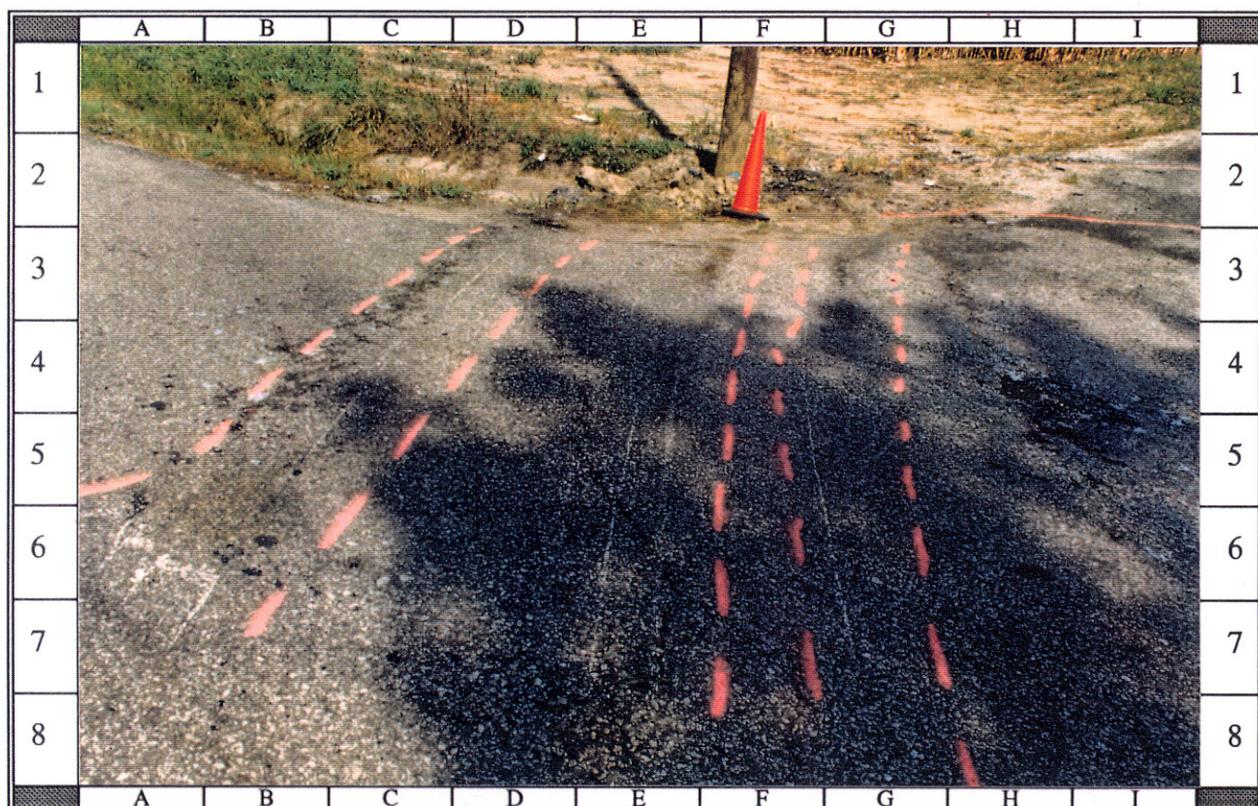
03 -- 1986 Chevrolet-Bluebird school bus's eastward travel path in eastbound lane ~ 15 meters (49 feet) west of impact



04 -- 1986 Chevrolet-Bluebird school bus driver's southwest view from STOP sign; NOTE: large trees and recently cut down cornfield



05 -- 1986 Chevrolet-Bluebird's eastward travel path ~ 3 m (10 ft) east of impact; NOTE: replaced utility pole on NE corner (cells B1--B5)



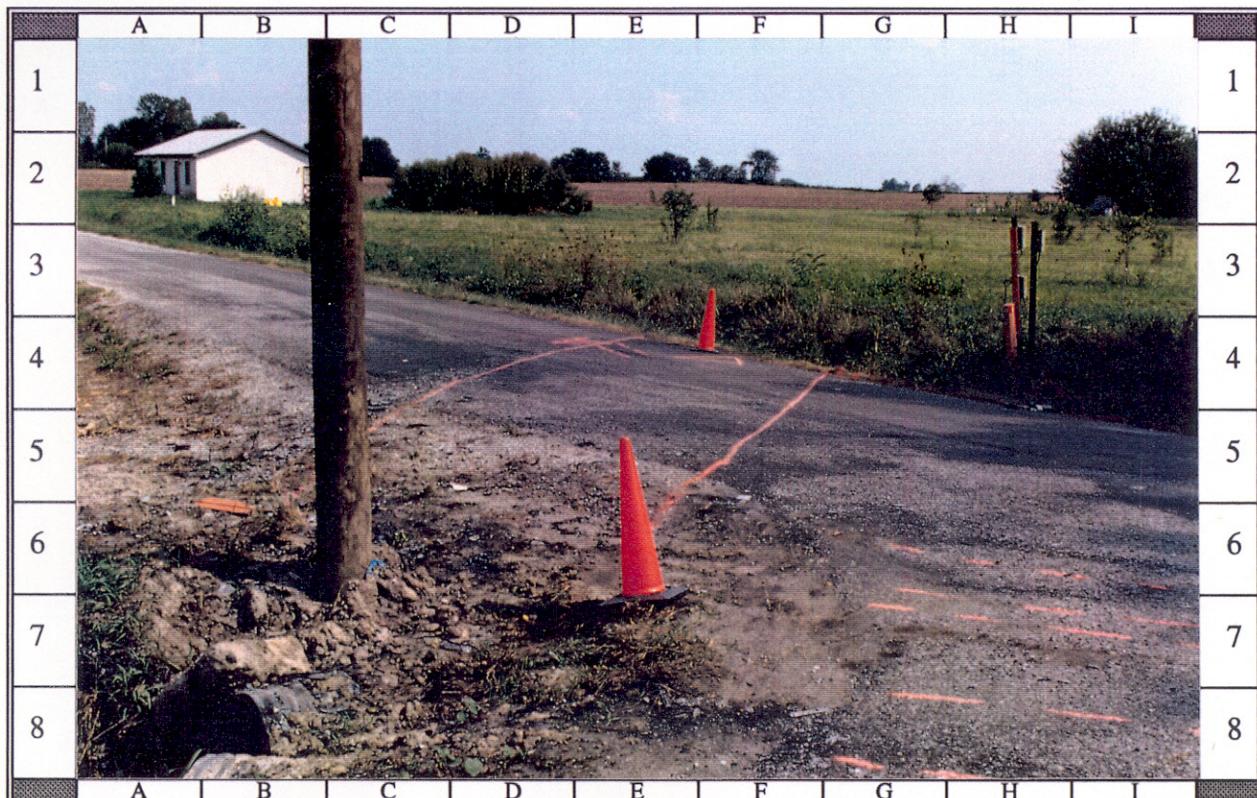
06 -- Northeastward view of 1986 Chevrolet-Bluebird school bus's left rear tire mark (cells G3--H2) during CCW rotation to impact @ pole



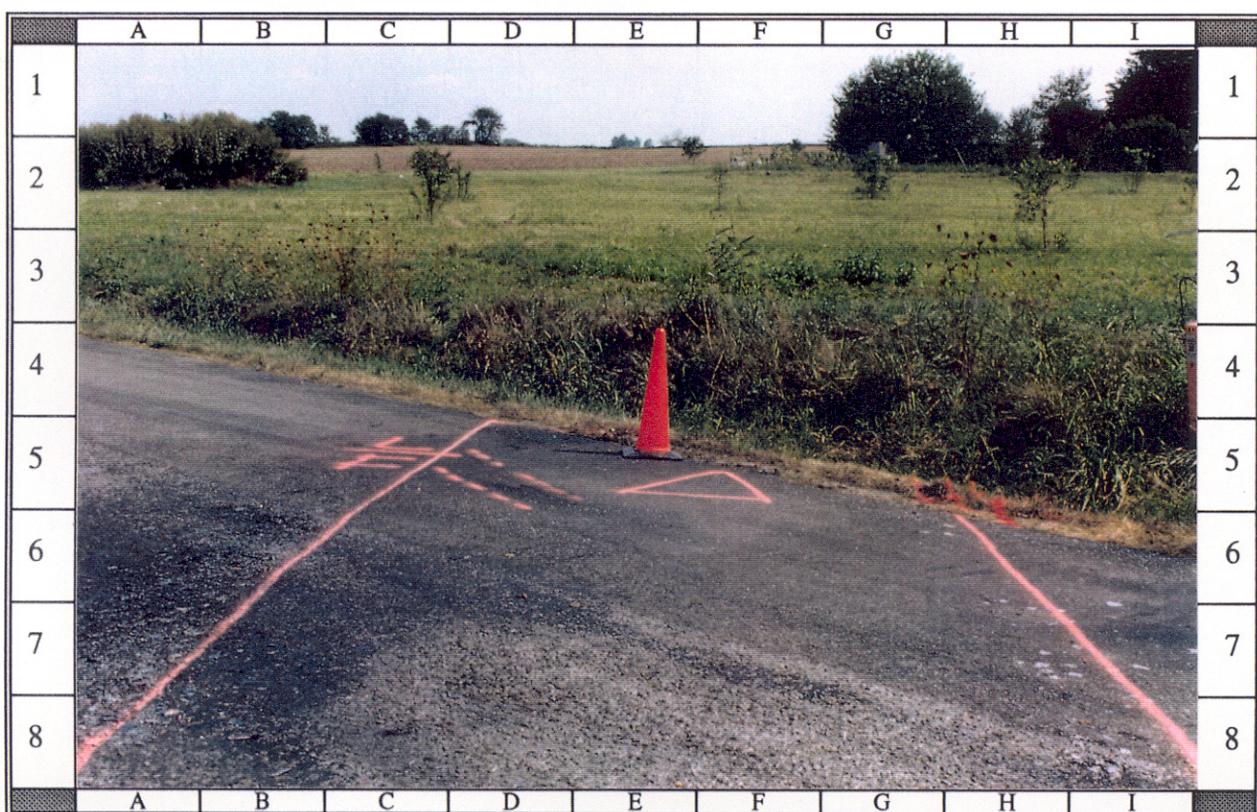
07 -- Northeastward view of final rest area of 1985 Chevrolet cutaway van; NOTE: school bus's left rear curved scuff mark (cells I8-H6)



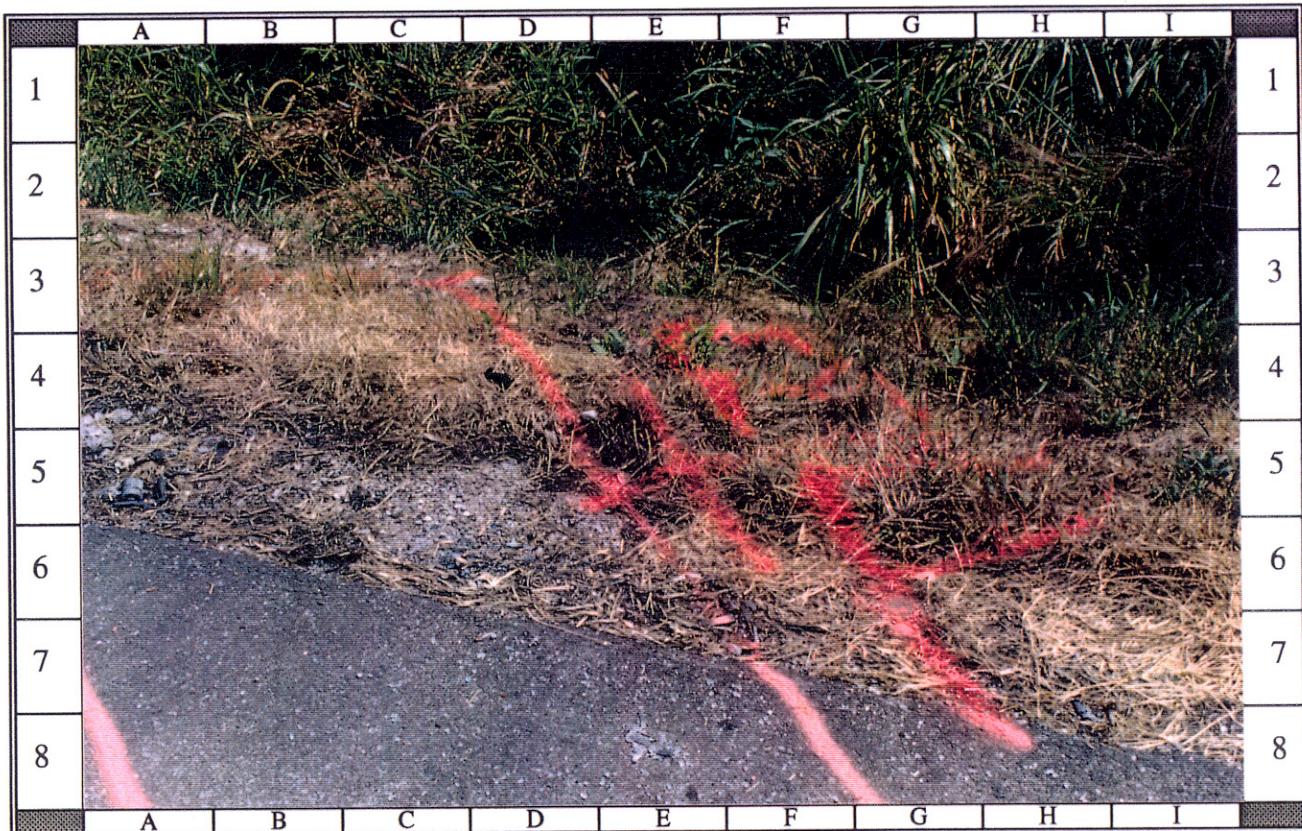
08 -- Close-up view of 1986 Chevrolet-Bluebird school bus's curved left rear scuff mark toward final rest position (cells I3-D3)



09 -- Southeastward view of 1986 Chevrolet-Bluebird school bus @ FRP
blocking east leg of intersection; NOTE: bus outlined in red



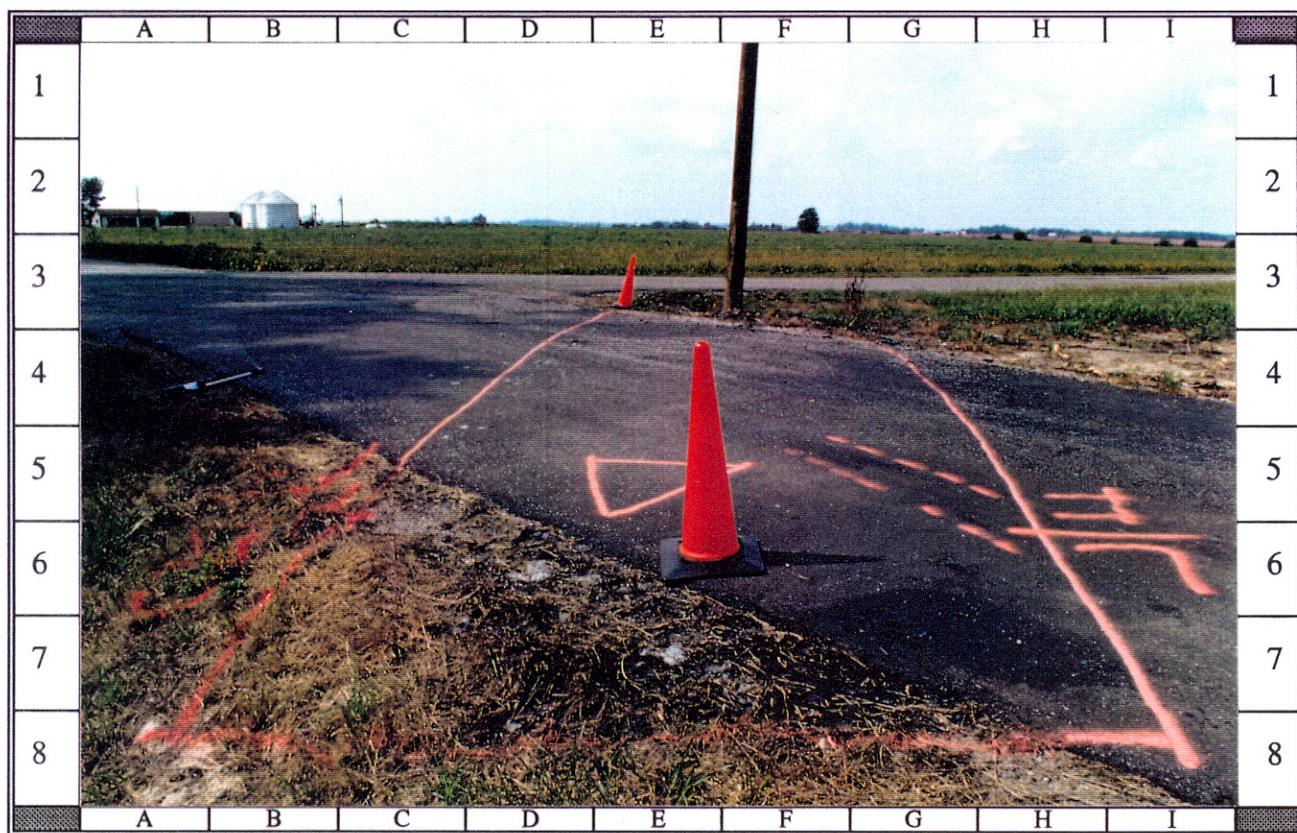
10 -- Southeastward view of 1986 Chevrolet-Bluebird school bus @ FRP;
NOTE: red safety cone and triangle indicate front of bus



11 -- Southeast close-up view of 1986 Chevrolet-Bluebird school bus's right front tire mark at final rest



12 -- Southeast close-up view of 1986 Chevrolet-Bluebird school bus's left front tire mark at final rest and westward removal mark



13 -- Northwestward view of 1986 Chevrolet-Bluebird school bus @ FRP heading SE; NOTE: burned area on grass and roadway in foreground



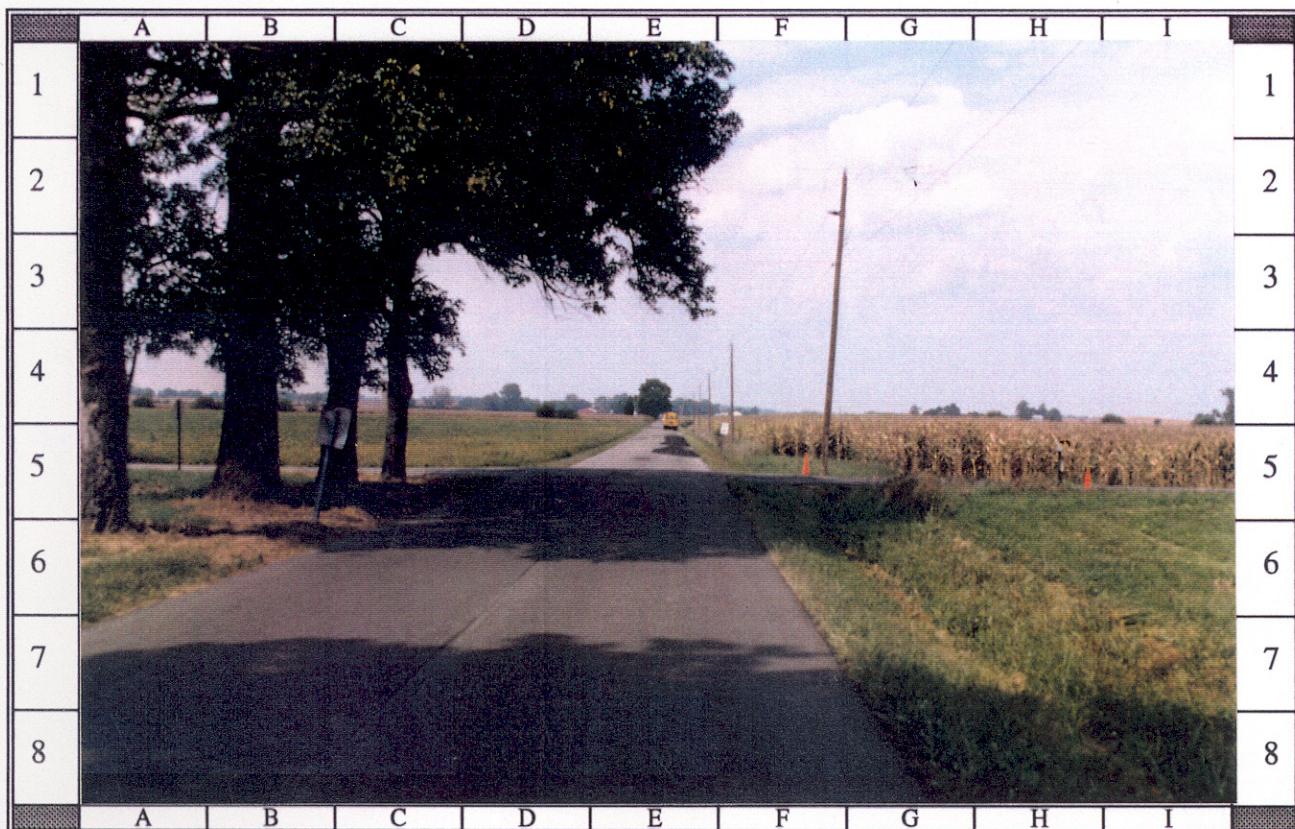
14 -- Westward view of 1986 Chevrolet-Bluebird school bus's eastward travel path from beyond final rest position



15 -- 1985 Chevrolet cutaway van's northward travel path in northbound lane ~ 75 meters (246 feet) south of impact



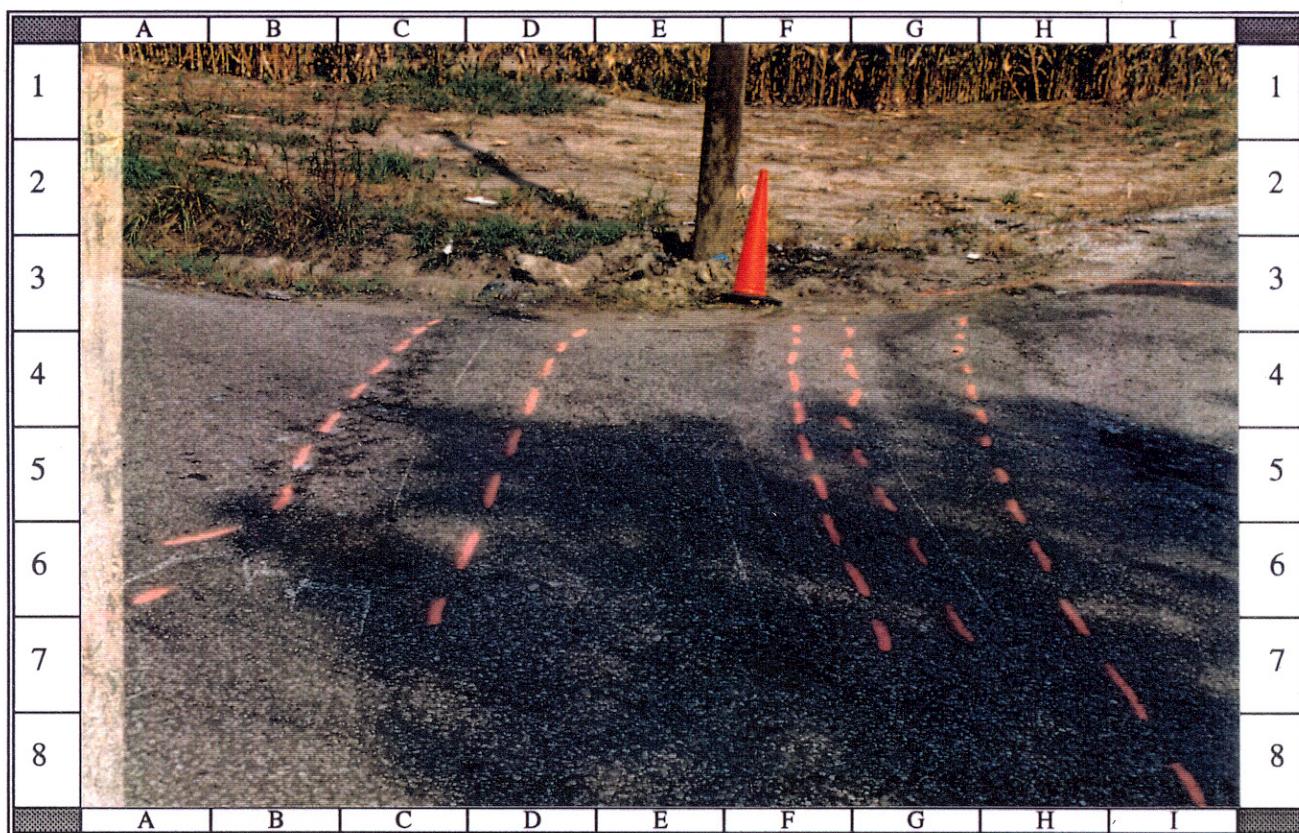
16 -- 1985 Chevrolet cutaway van's northward travel path in northbound lane ~ 50 meters (164 feet) south of impact; NOTE: school bus



17 -- 1985 Chevrolet cutaway van's northward travel path in northbound lane ~ 35 meters (115 feet) south of impact



18 -- 1985 Chevrolet cutaway van's northward travel path in northbound lane ~ 3 m (10 ft) south of impact; NOTE: van's FRP near red cone



19 -- Northeastward view of 1985 Chevrolet cutaway van's removal marks and gouges leading from van's final rest position



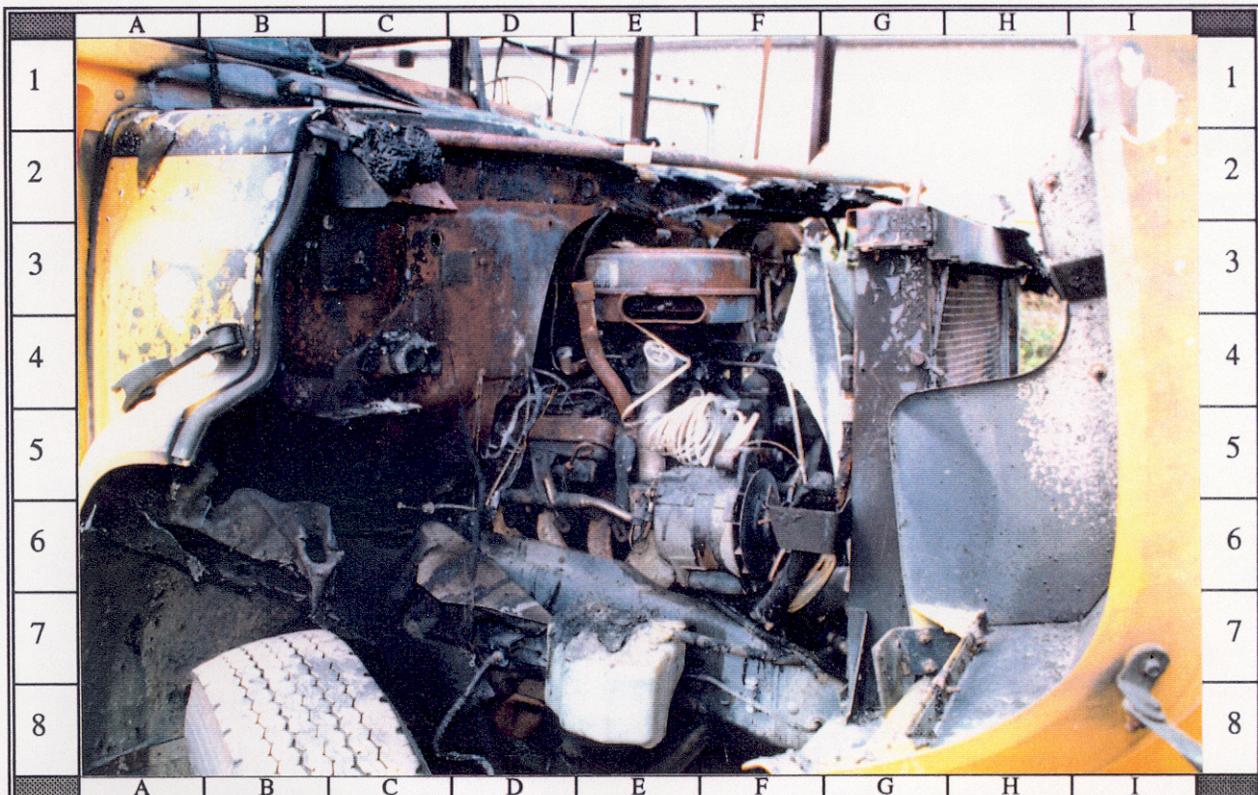
20 -- Southwestward view of 1985 Chevrolet cutaway van @ final rest position heading northeast from beyond area of final rest



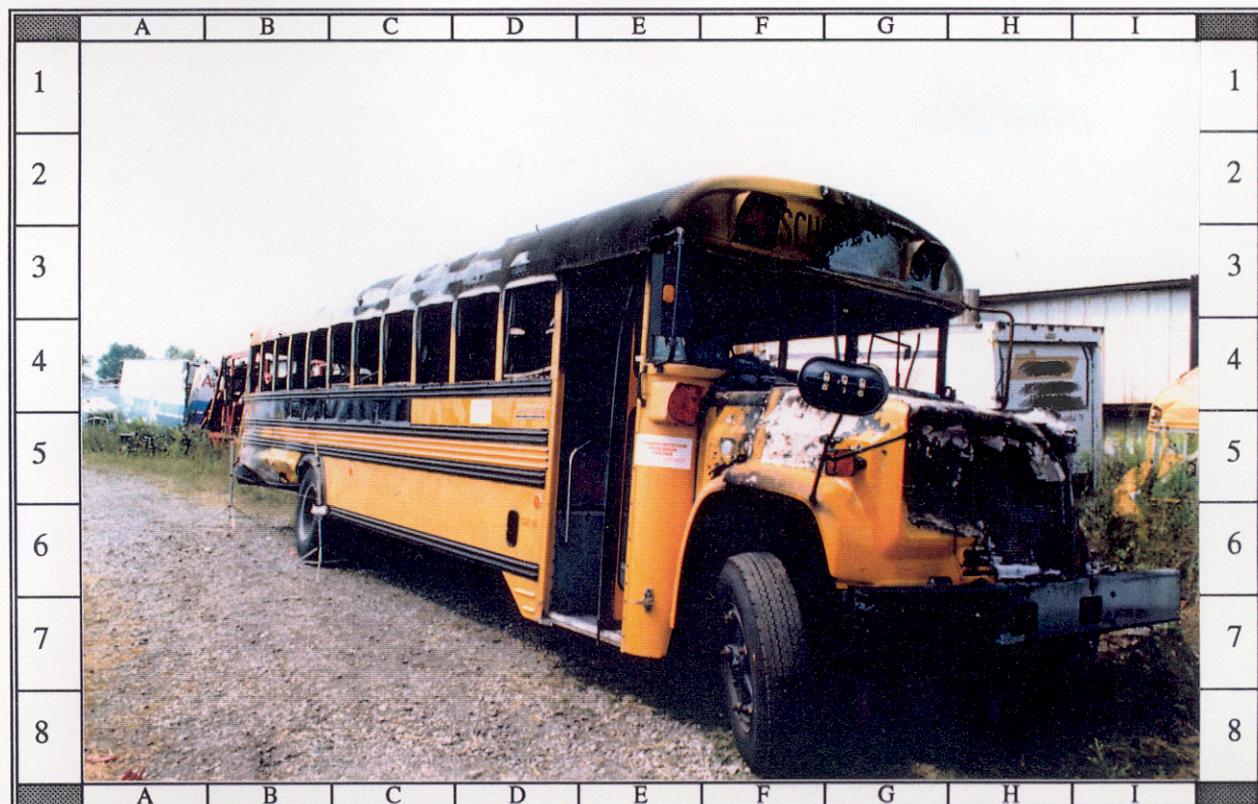
21 -- Southward view of 1985 Chevrolet cutaway van's northward travel path from north of point of impact



22 -- 1986 Chevrolet-Bluebird school bus's front showing burn damage to left roof and engine compartment



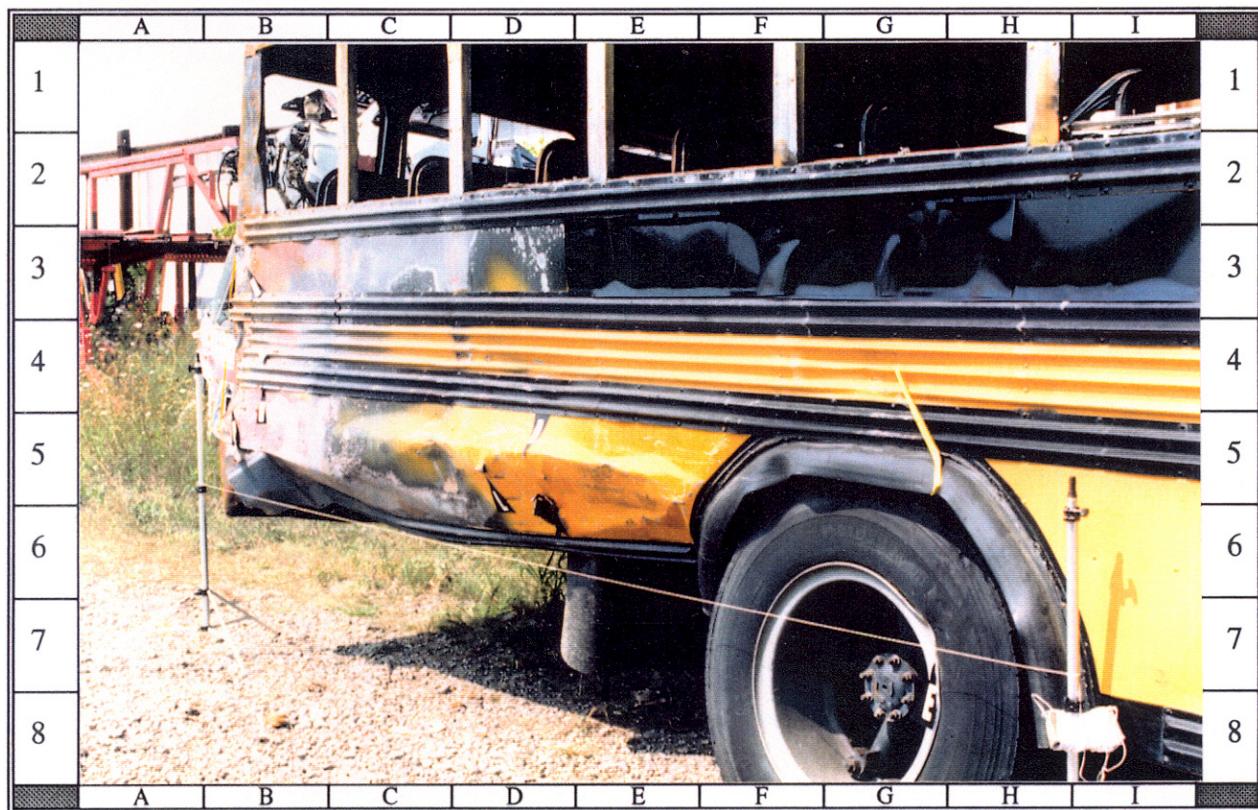
23 -- Close-up view of fire damage to 1986 Chevrolet-Bluebird school bus's right engine compartment



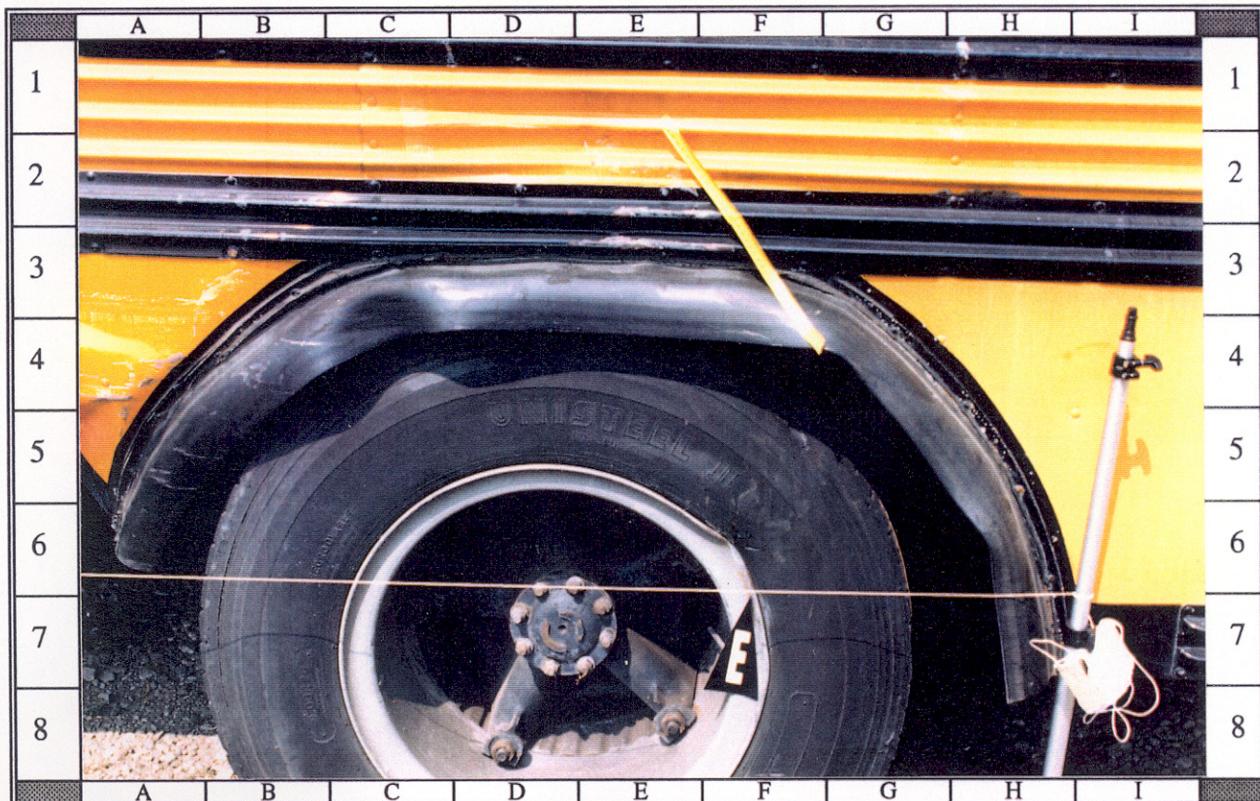
24 -- 1986 Chevrolet-Bluebird school bus's damaged front and right side viewed from ~ 45 degrees right of front



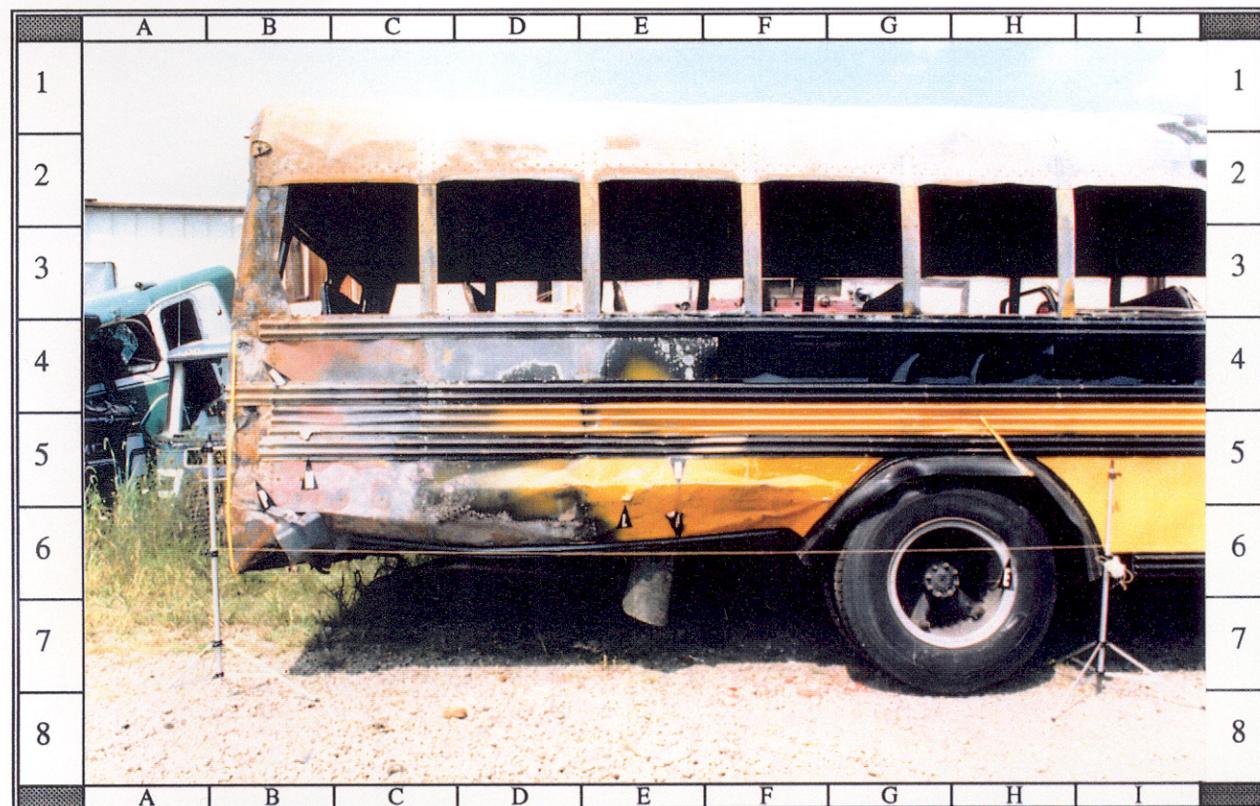
25 -- 1986 Chevrolet-Bluebird school bus's right rear damage from impact with 1985 Chevrolet cutaway van--from ~ 10 degrees front of R



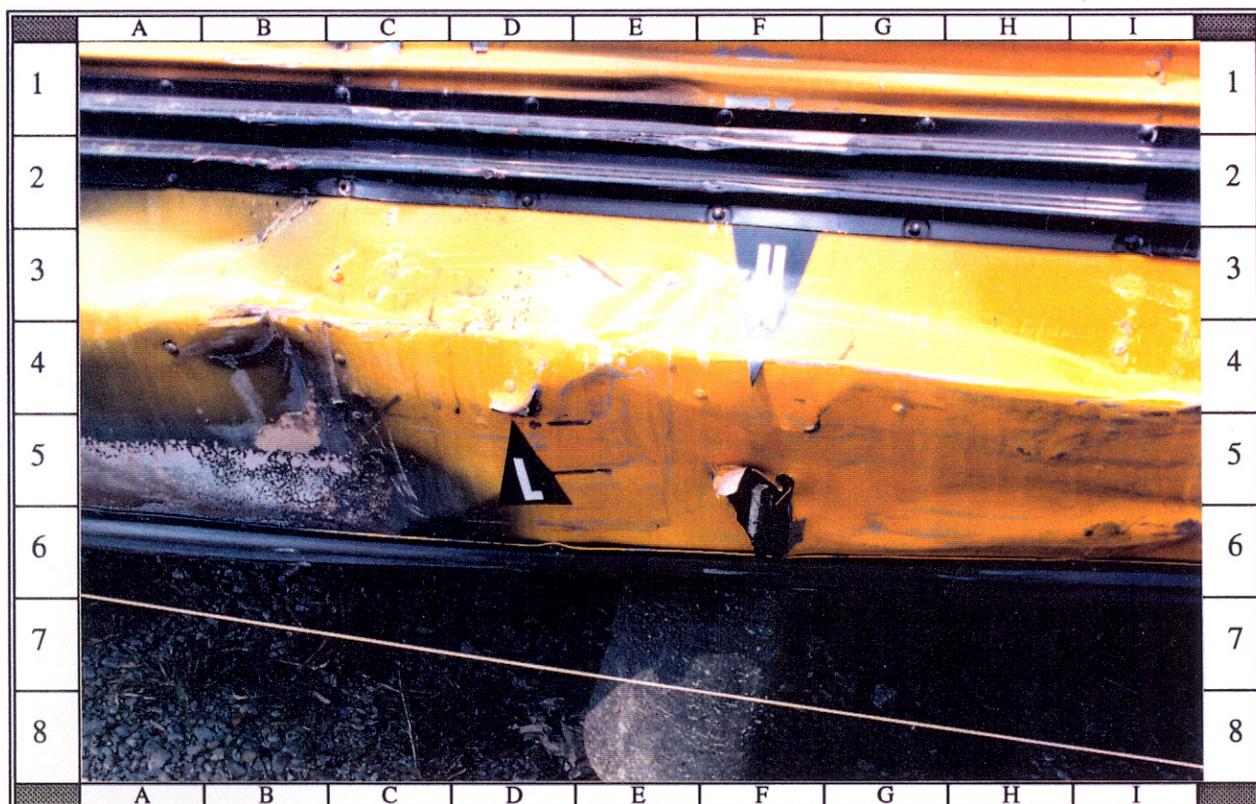
26 -- 1986 Chevrolet-Bluebird school bus's right rear damage from impact with 1985 Chevrolet cutaway van--from ~ 60 degrees front of R



27 -- Close-up of 1986 Chevrolet-Bluebird school bus's right rear rim showing start of direct damage (E) on rim



28 -- 1986 Chevrolet-Bluebird school bus's damaged right rear from right showing length of direct damage and fire damage



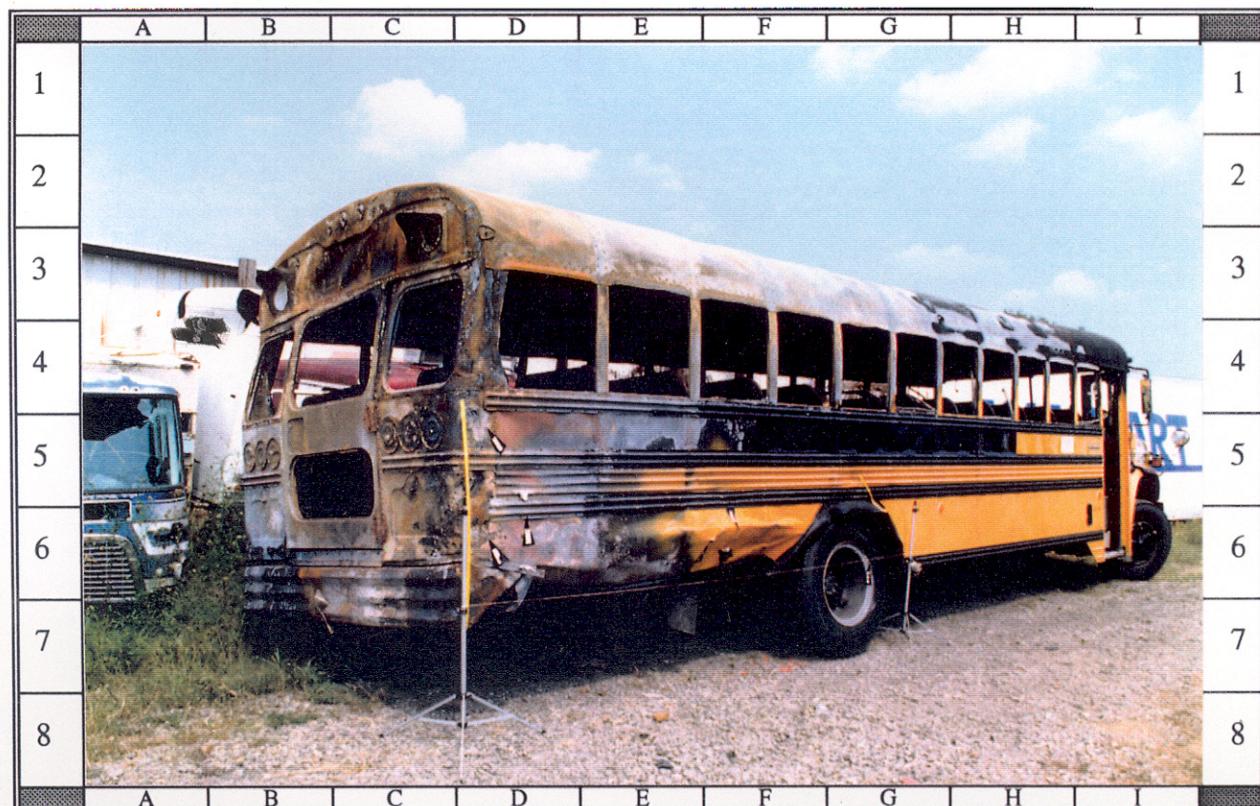
29 -- Close-up of 1986 Chevrolet-Bluebird school bus's right rear panel
gouges and tears (L and H)



30 -- 1986 Chevrolet-Bluebird school bus's crash and fire damage from back
right showing damage from van (P and N) and melted aluminum (M)



31 -- 1986 Chevrolet-Bluebird school bus's fire and right rear crash damage viewed from ~ 30 degrees right of back



32 -- 1986 Chevrolet-Bluebird school bus's right rear crash damage and back and right fire damage viewed from ~ 45 degrees right of back



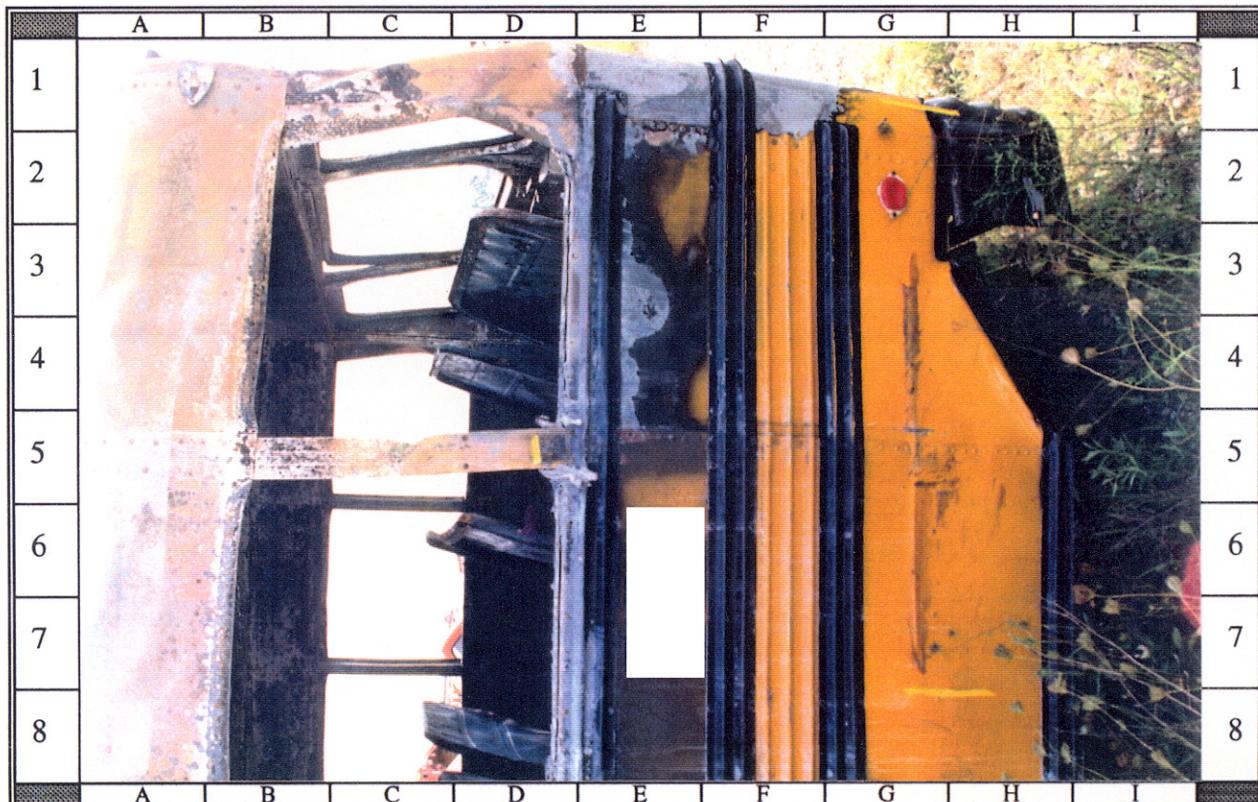
33 -- 1986 Chevrolet-Bluebird school bus's right rear damage from ~ 10 degrees right of back; NOTE: height of direct damage



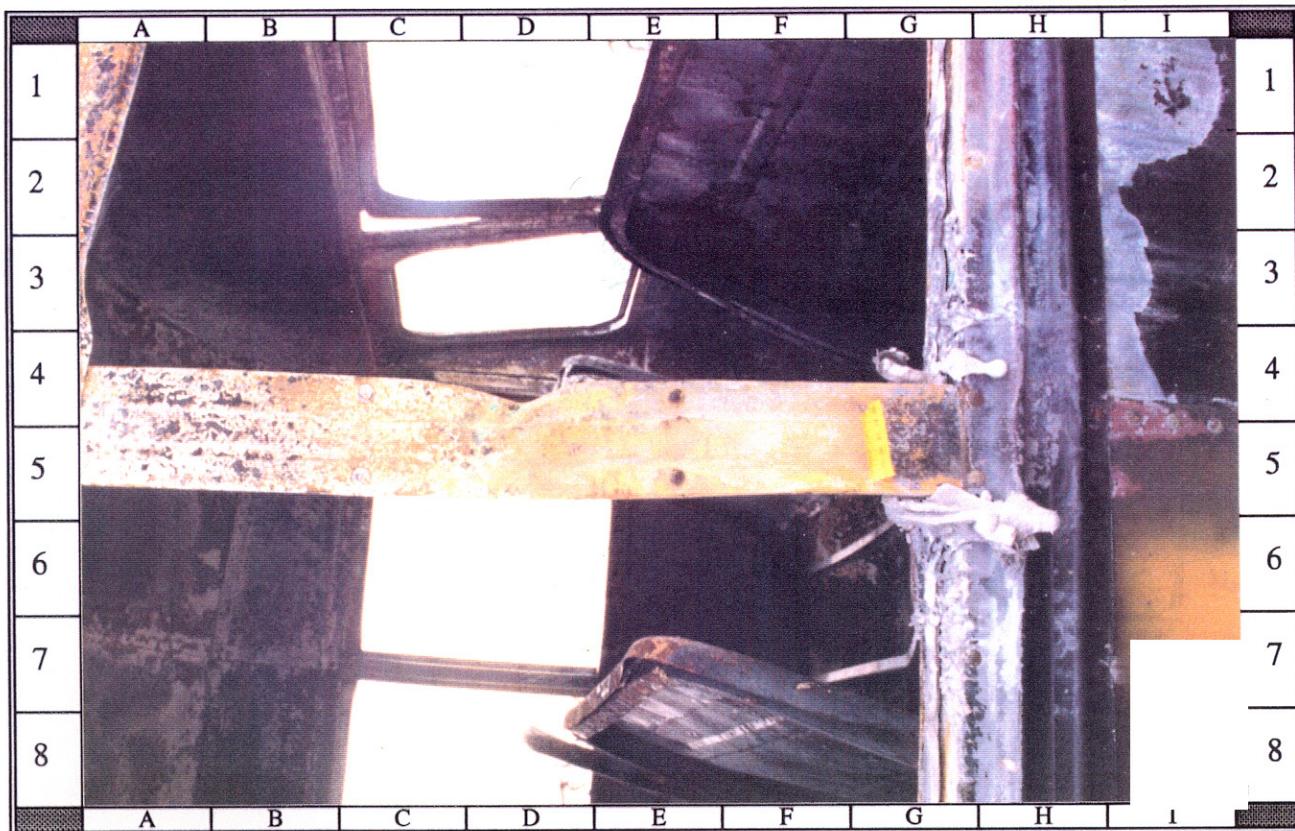
34 -- 1986 Chevrolet-Bluebird school bus's fire damaged back; NOTE: all glazing destroyed and aluminum windows melted



35 -- 1986 Chevrolet-Bluebird school bus's damaged left rear from impact with utility pole; NOTE: panel (cell B2) folded inward



36 -- 1986 Chevrolet-Bluebird's direct damage to left roof (A4--B3), window frame (C1 and C5), and side body panel shown by yellow tape



37 -- Close-up of direct damage to left rear window frame of 1986 Chevrolet-Bluebird school bus from utility pole impact



38 -- Close-up of direct damage to side body panel of 1986 Chevrolet-Bluebird school bus; NOTE: direct damage starts at yellow tape



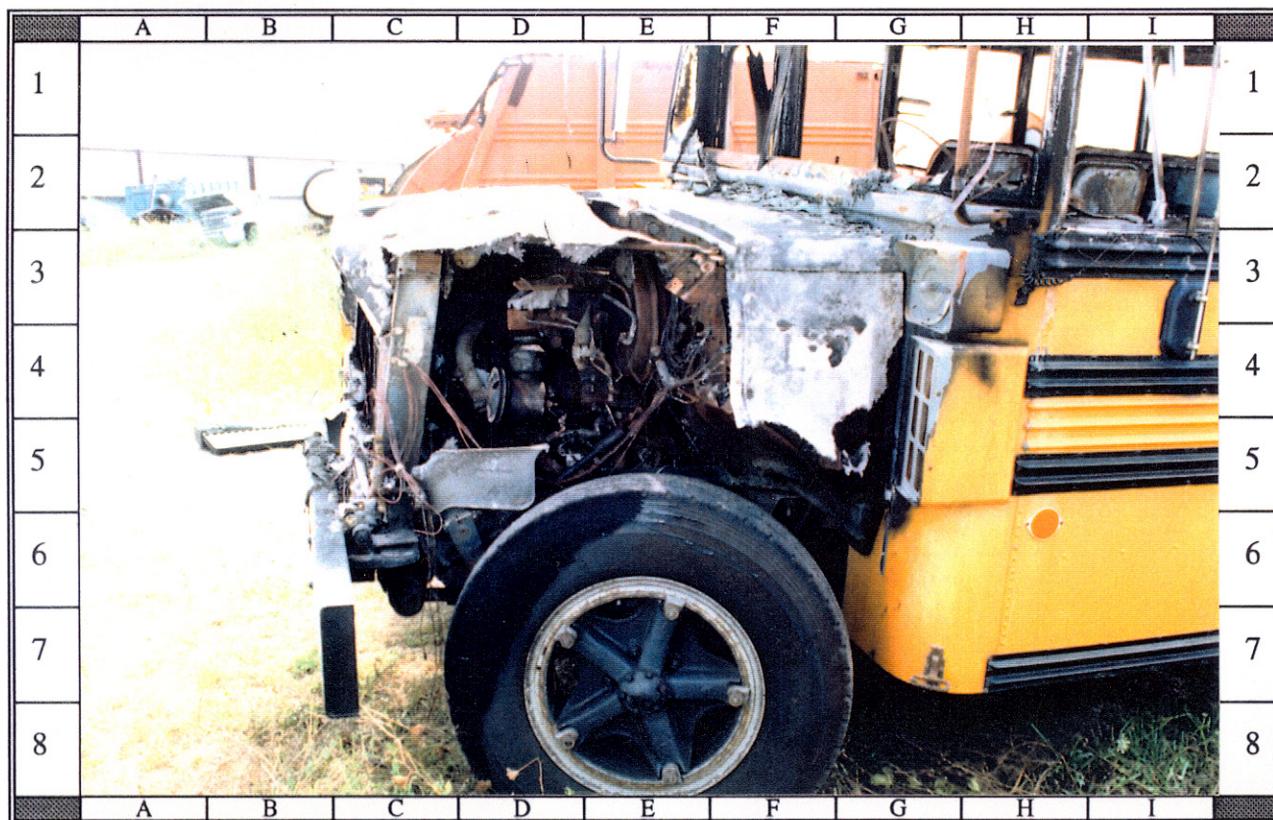
39 -- 1986 Chevrolet-Bluebird school bus's left side fire and interior roof surface fire damaged viewed from ~ 30 degrees left of back



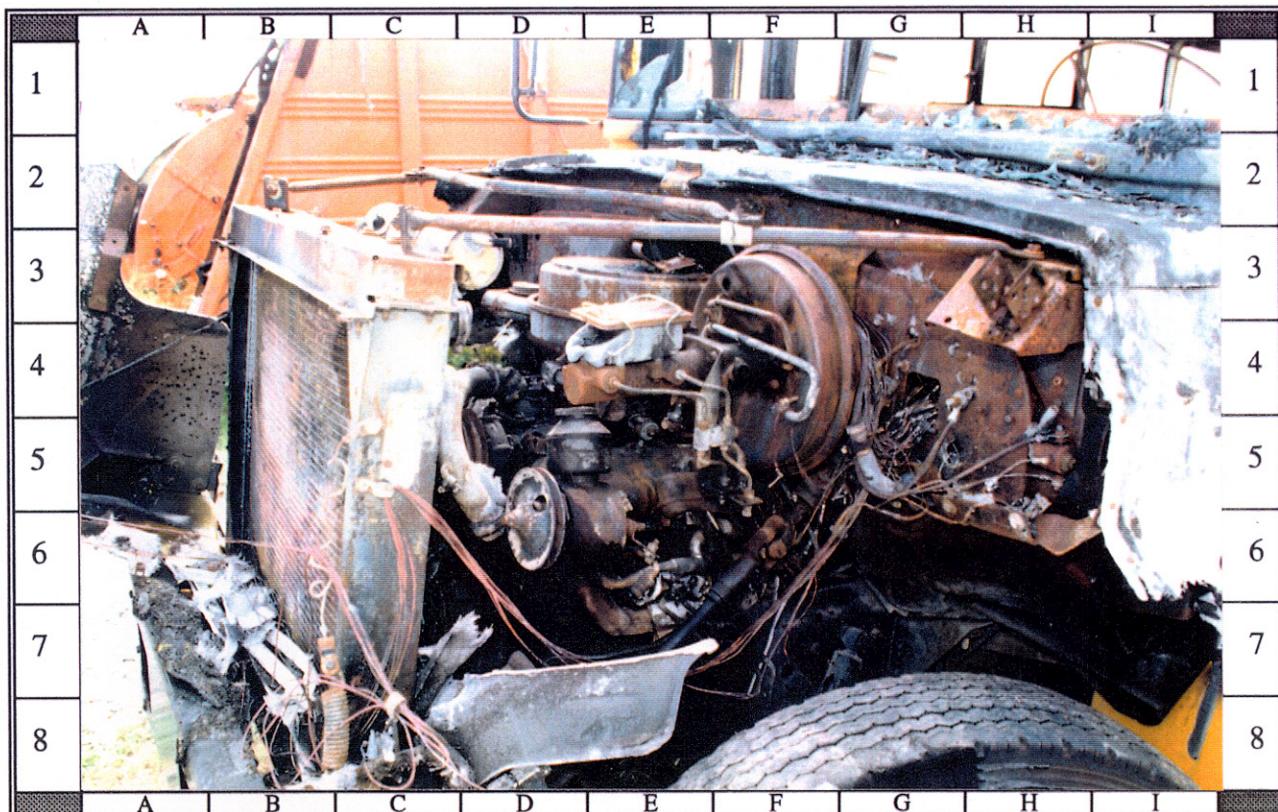
40 -- 1986 Chevrolet-Bluebird school bus's left rear fire damage and direct damage from utility pole viewed from ~ 30 degrees left of front



41 -- 1986 Chevrolet-Bluebird school bus's left side showing fire damage mainly to greenhouse and roof viewed from ~ 30 degrees left of front



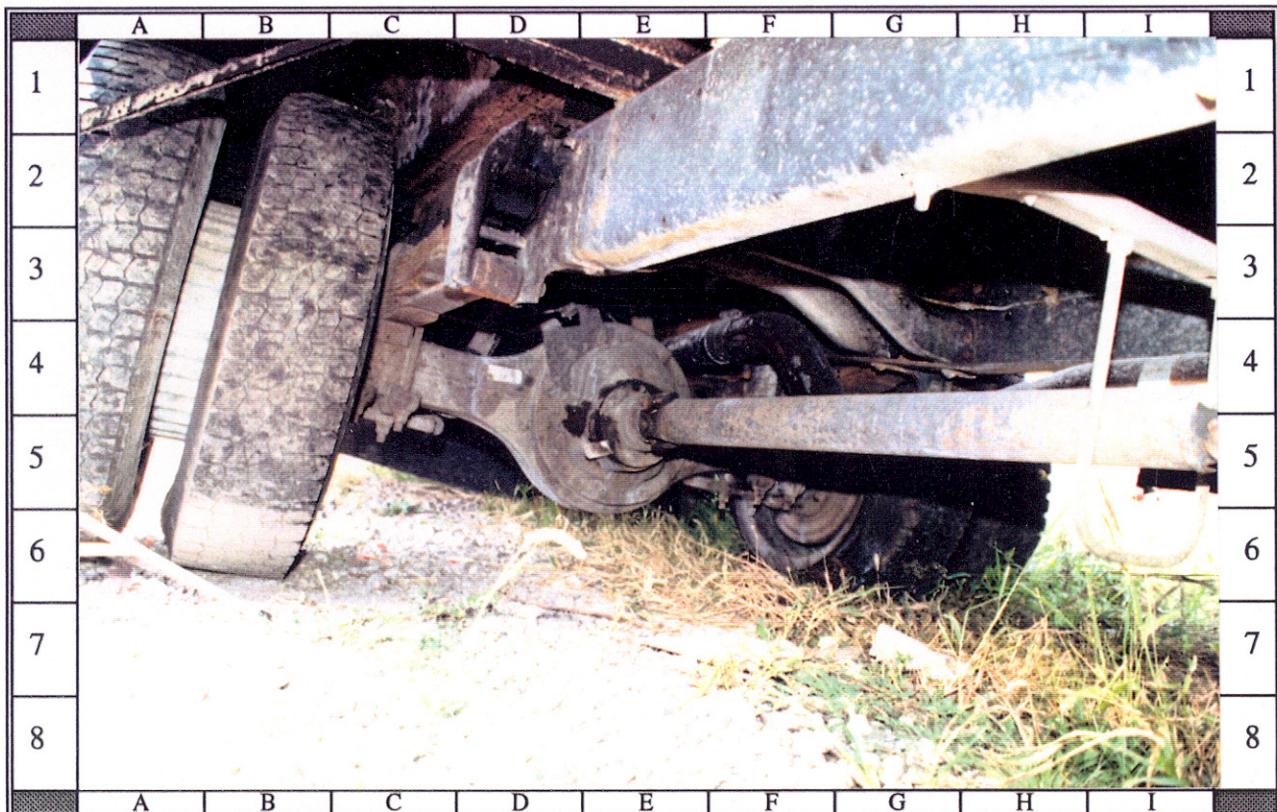
42 -- Reference line view of 1986 Chevrolet-Bluebird school bus's front viewed from left showing fire damage to engine compartment cover



43 -- Close-up of fire damage to engine compartment of 1986 Chevrolet-
Bluebird school bus



44 -- 1986 Chevrolet-Bluebird school bus's fire damaged roof and engine
compartment cover viewed from ~ 15 degrees left of front



45 -- 1986 Chevrolet-Bluebird school bus's undamaged drive shaft, universal joint housing, and undercarriage viewed from front right



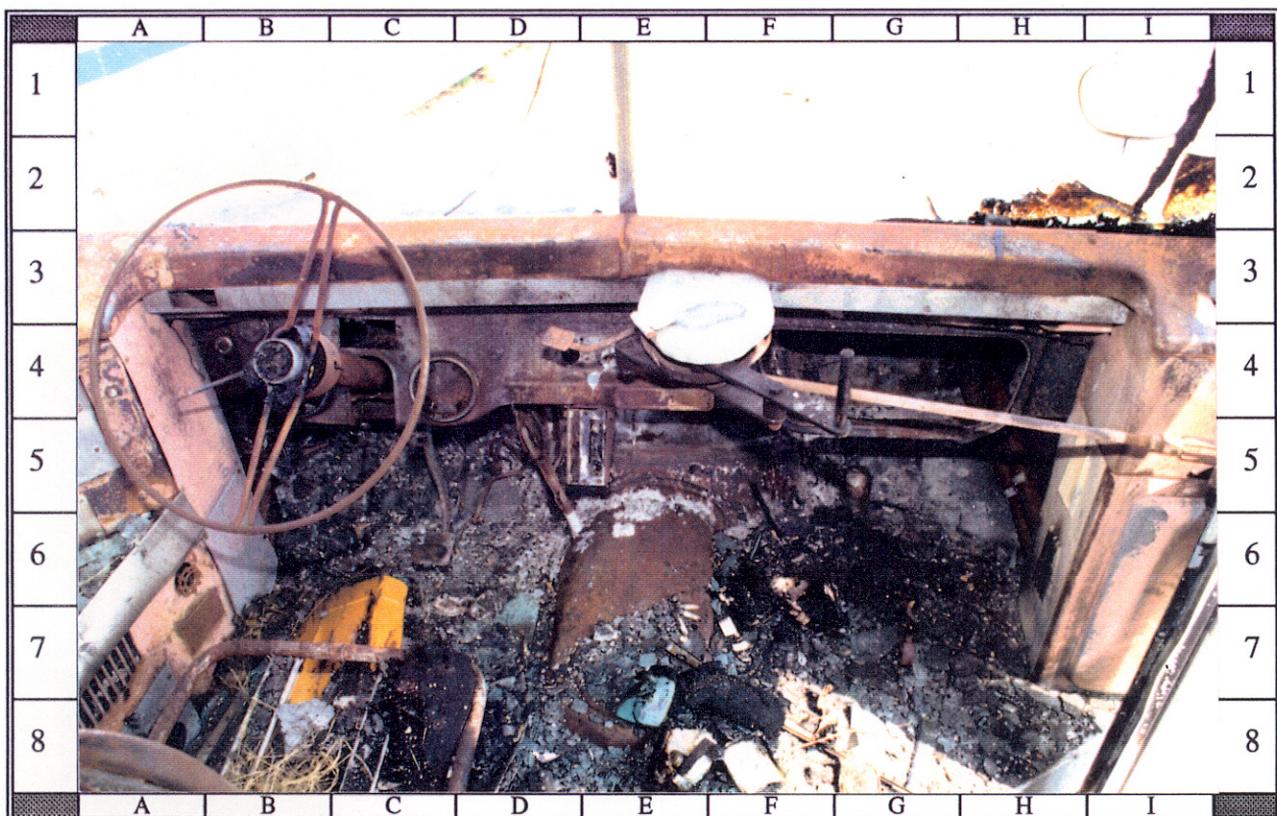
46 -- 1986 Chevrolet-Bluebird school bus's undamaged fuel tank located between right frame rail and right side panel viewed from rear



47 -- 1986 Chevrolet-Bluebird school bus's undamaged fuel tank located outside of right frame rail viewed from rear



48 -- 1986 Chevrolet-Bluebird school bus's burnt driver seating area viewed from right front entry/exit stairwell



49 -- 1986 Chevrolet-Bluebird school bus's burnt driver door lever, seating area, and instrument panel viewed from bus aisle



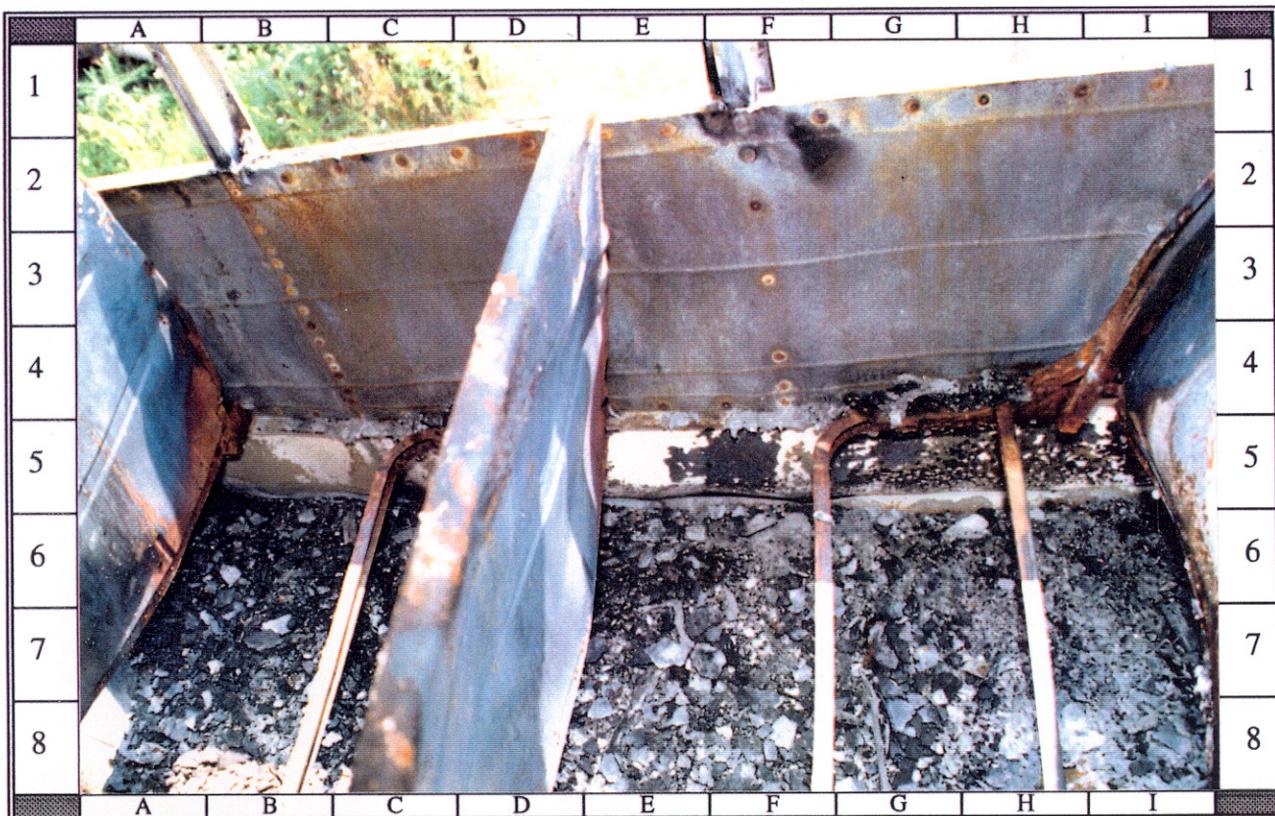
50 -- Close-up of 1986 Chevrolet-Bluebird's burnt driver seating area from center aisle showing light switches and destroyed 2-way radio



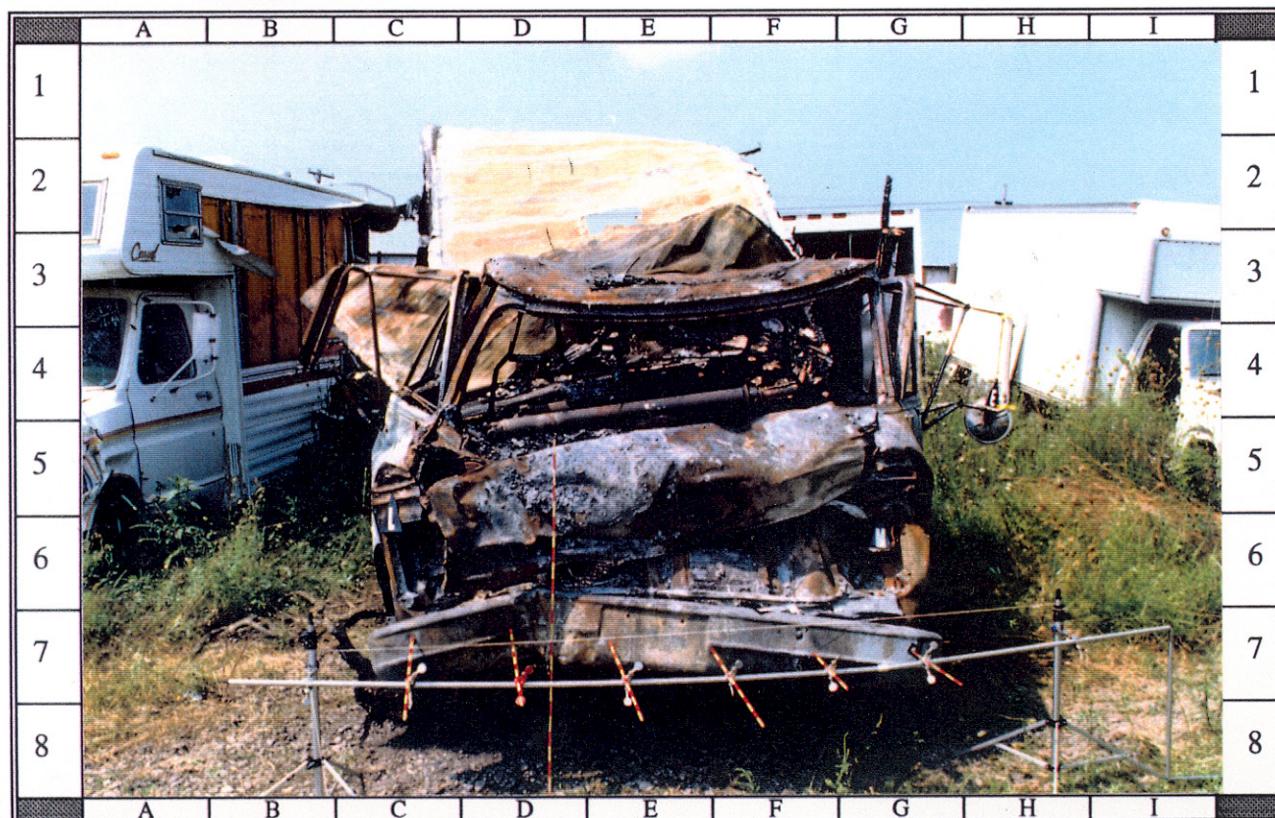
51 -- 1986 Chevrolet-Bluebird school bus's burnt interior from center aisle showing first three rows, driver control area, and roof



52 -- 1986 Chevrolet-Bluebird school bus's burnt rearmost ten seating rows, roof, center aisle, and rear door viewed from front



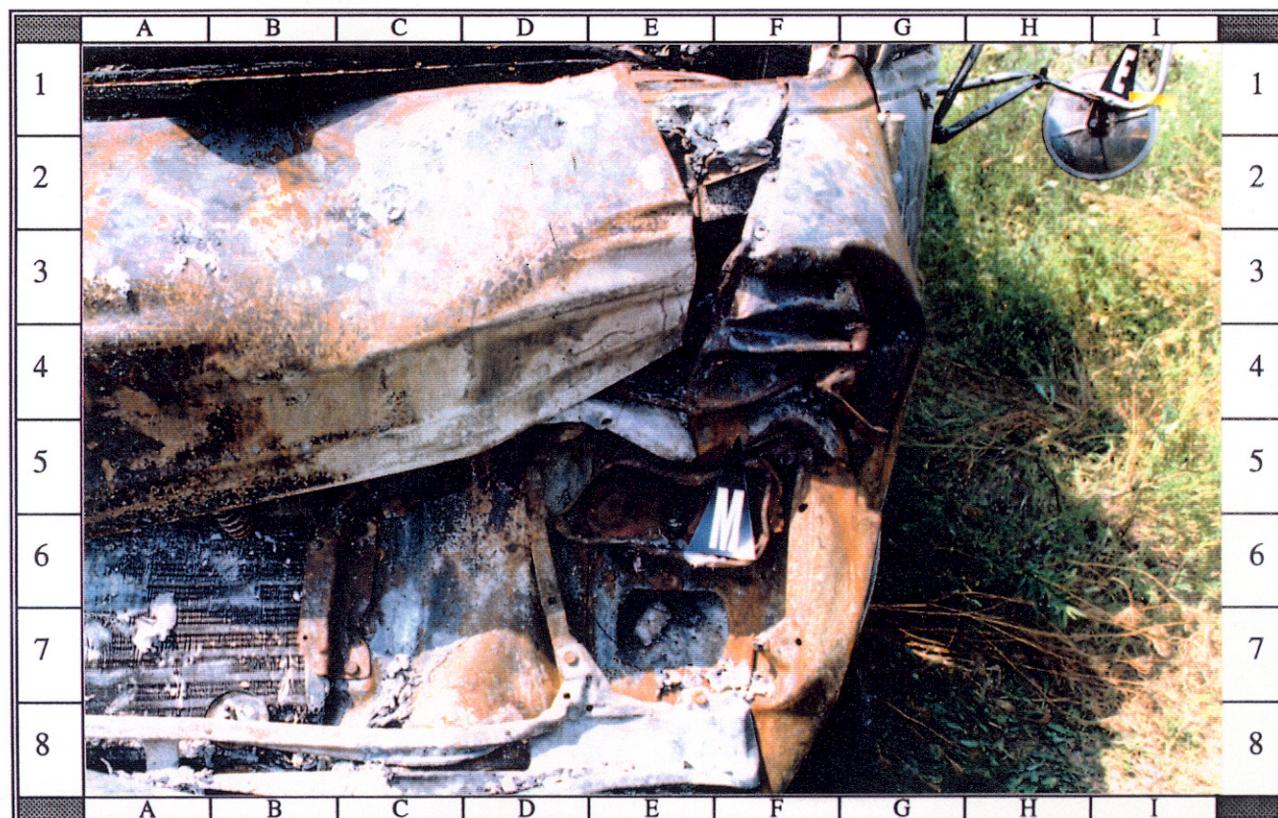
53 -- Close-up of 1986 Chevrolet-Bluebird's burnt right side seat over R rear wheel where impact occurred; NOTE: all rows were similar



54 -- 1985 Chevrolet cutaway van's frontal damage and burnt exterior with contour gauge set up; NOTE: collapse of rear cargo area



55 -- Close-up of 1985 Chevrolet cutaway van's frontal damage and burnt exterior; NOTE: vertical rod indicates maximum crush



56 -- Closer-up view of left headlight area of 1985 Chevrolet cutaway van;
NOTE: M points out ribbed like damage from bus's side panel



57 -- Closer-up view of 1985 Chevrolet cutaway van's front bumper; H points out melted aluminum from 1986 Chevrolet-Bluebird's windows



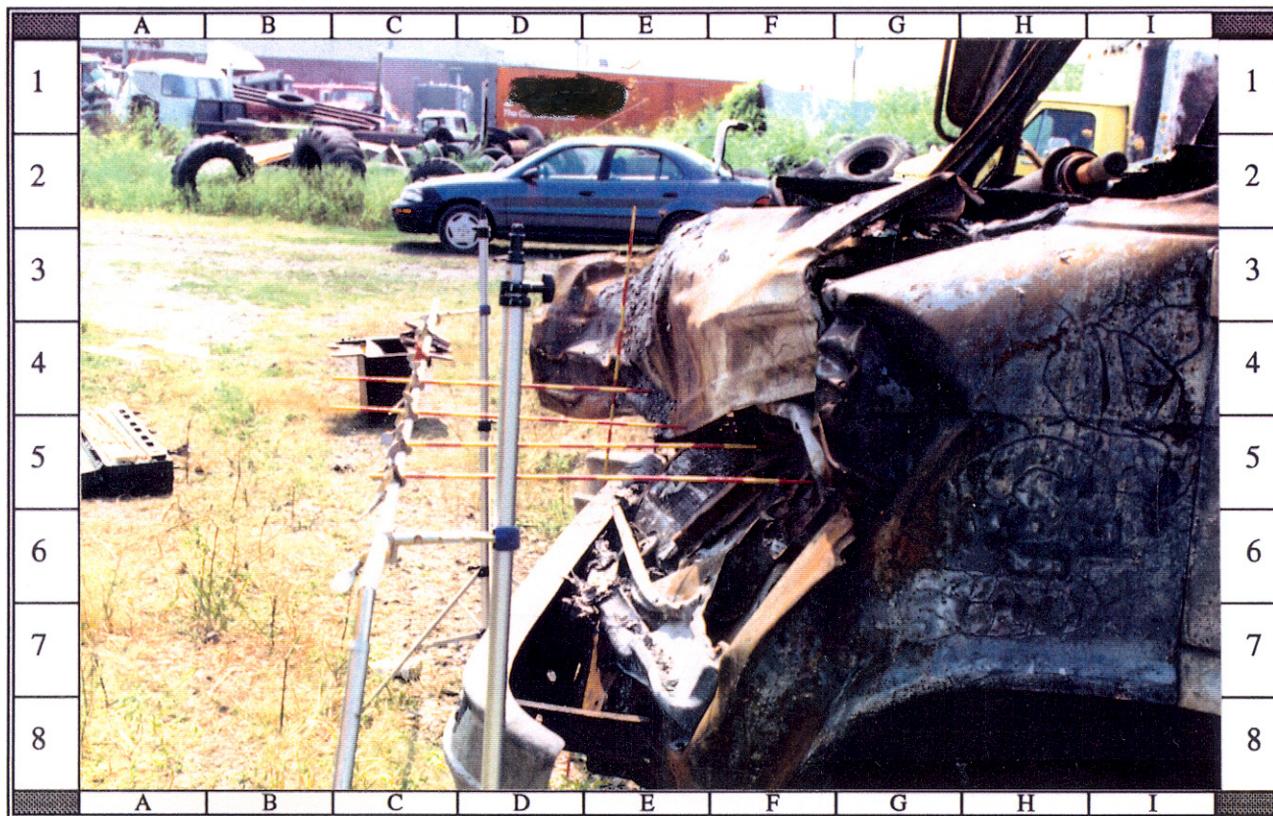
58 -- 1985 Chevrolet cutaway van's front crash damage and fire damage viewed from ~ 45 left of front with contour gauge present



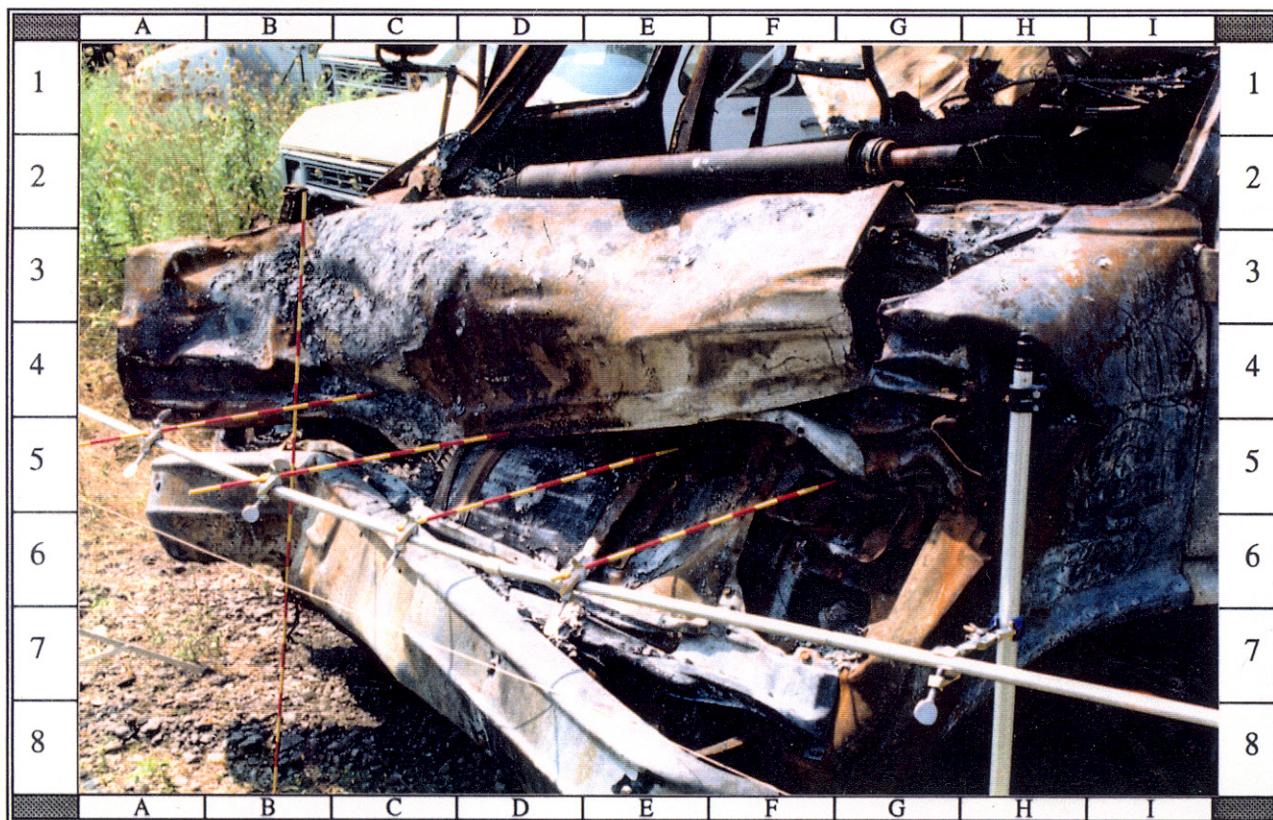
59 -- 1985 Chevrolet cutaway van's front crash damage and fire damage viewed from ~ 75 left of front; NOTE: rear cargo area collapse



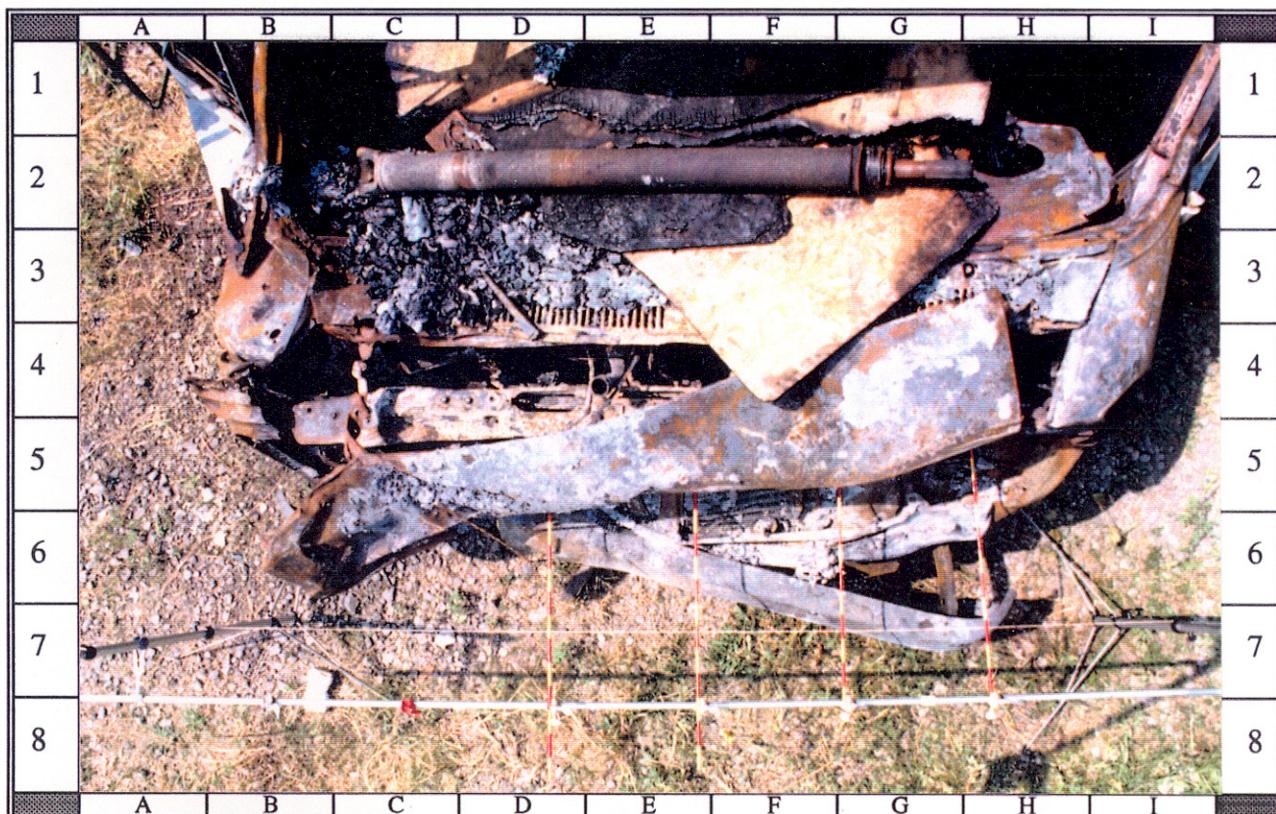
60 -- Reference line view of 1985 Chevrolet cutaway van's front damage from left with contour gauge present



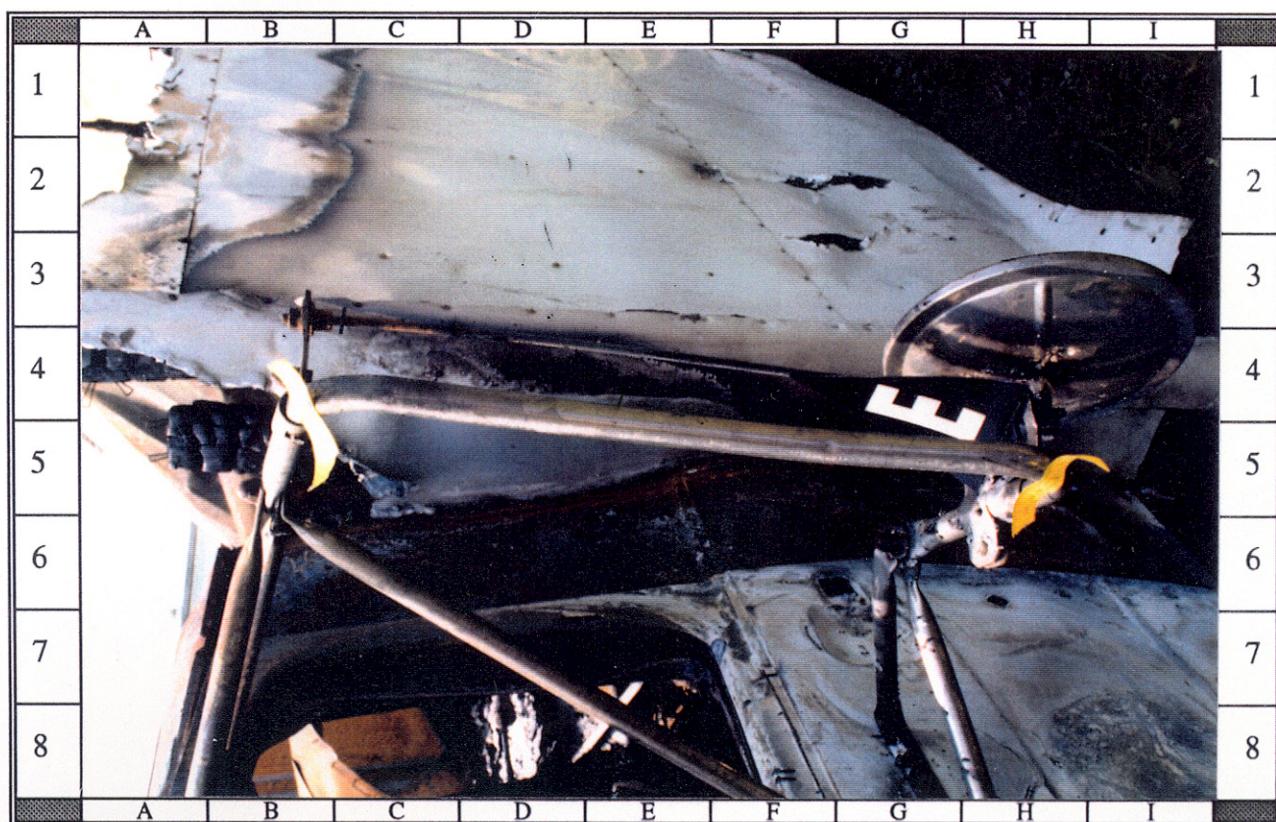
61 -- Close-up reference line view from left showing 1985 Chevrolet cutaway van's frontal crush; NOTE: crush greater to front right



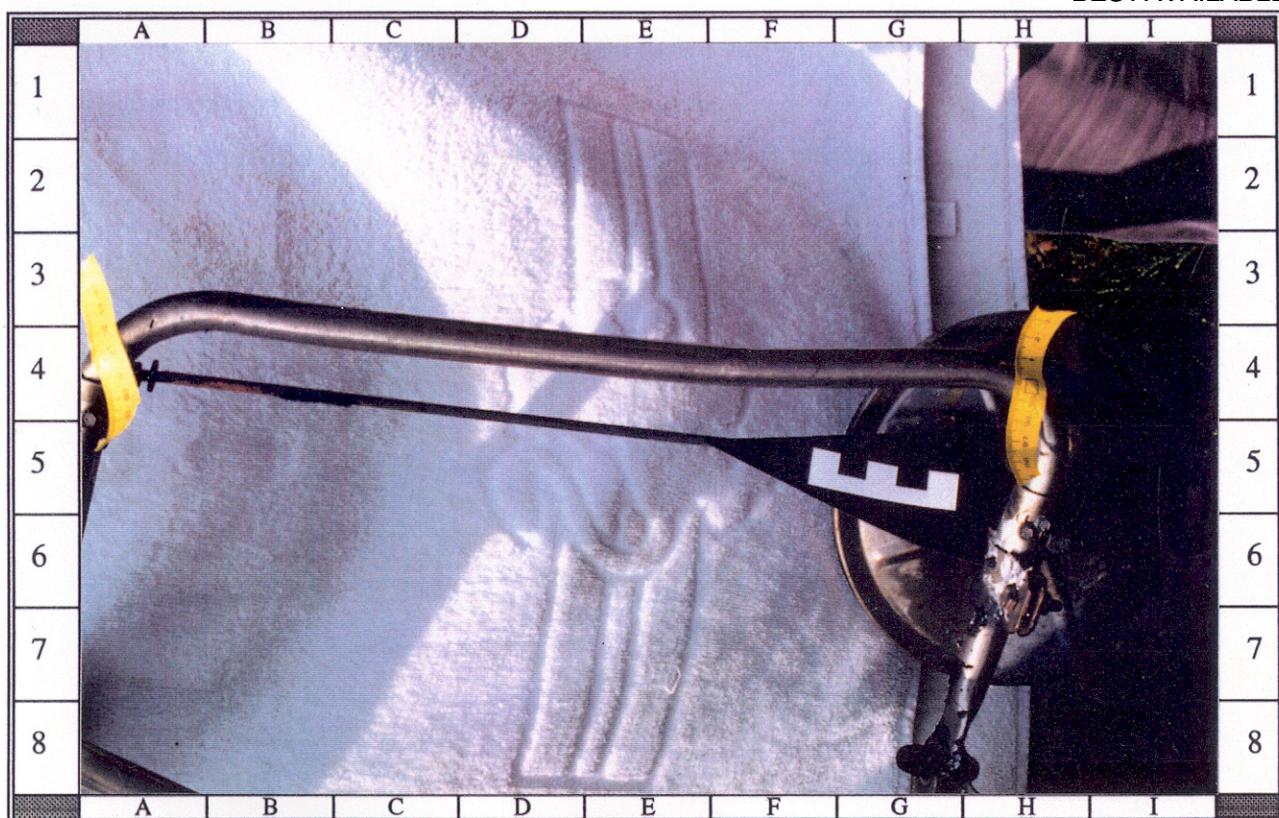
62 -- Closer-up view of frontal crush to 1985 Chevrolet cutaway van;
NOTE: max crush and melted aluminum on hood near C5--vertical rod



63 -- Overhead view of 1985 Chevrolet cutaway van's frontal crush;
NOTE: drive shaft and other debris piled in interior



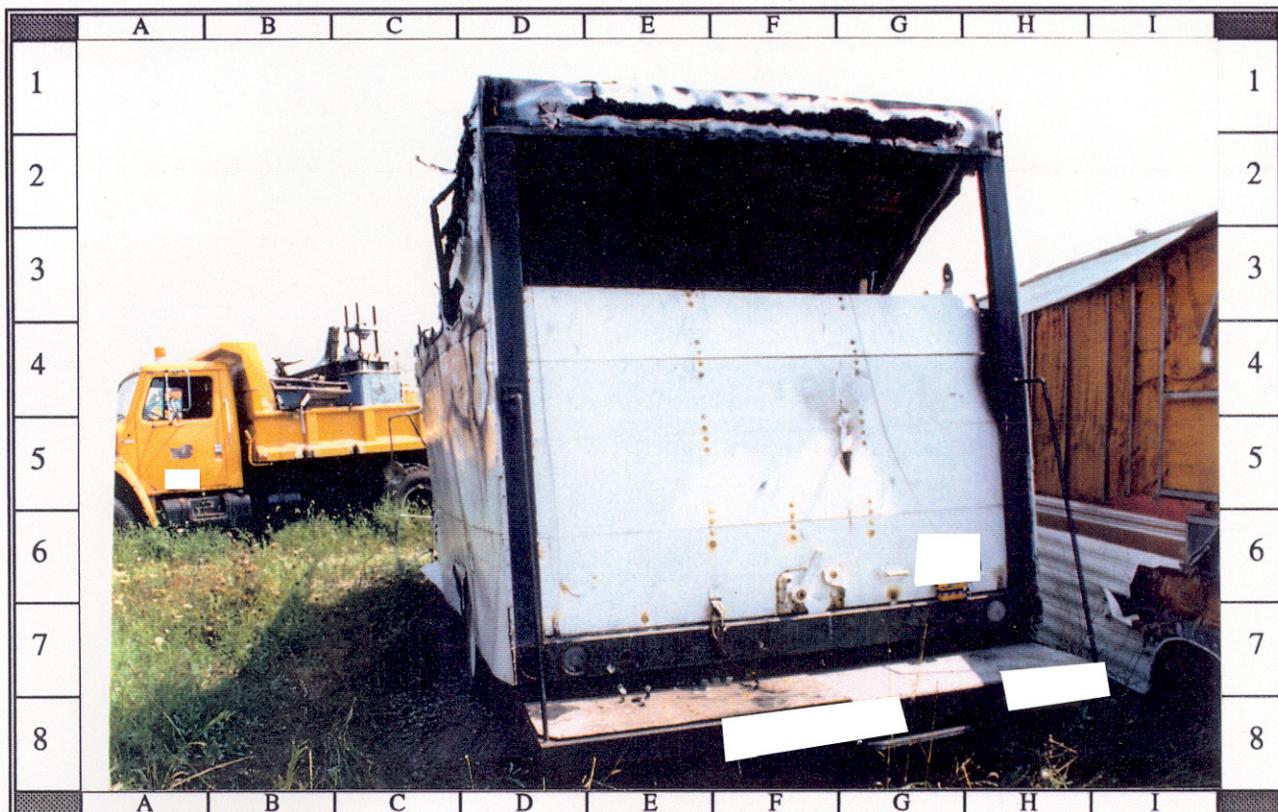
64 -- 1985 Chevrolet cutaway van's damaged left outside rearview mirror;
NOTE: direct damage to mirror (E) occurred during CW rotation



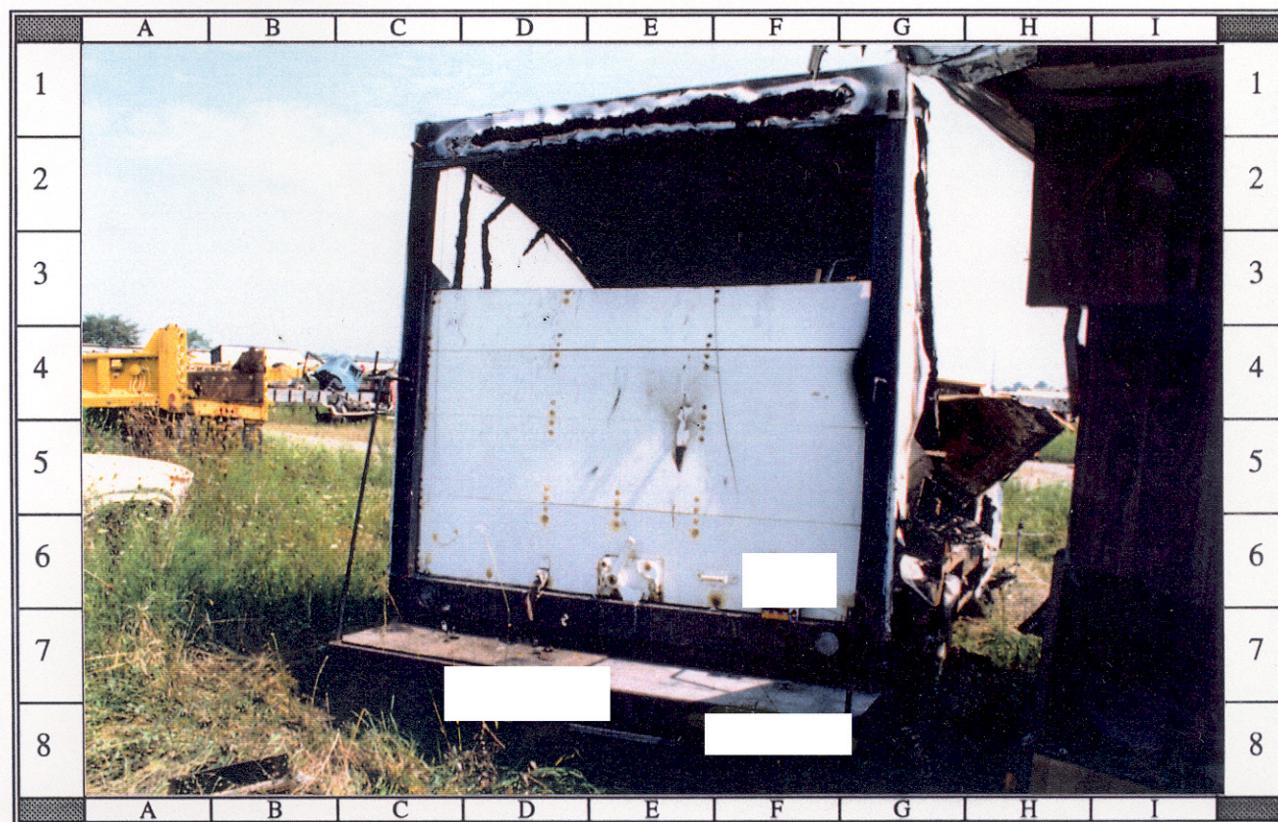
65 -- Close-up view of 1985 Chevrolet van's left outside rearview mirror from front damaged during CW rotation; NOTE: scratches on bar



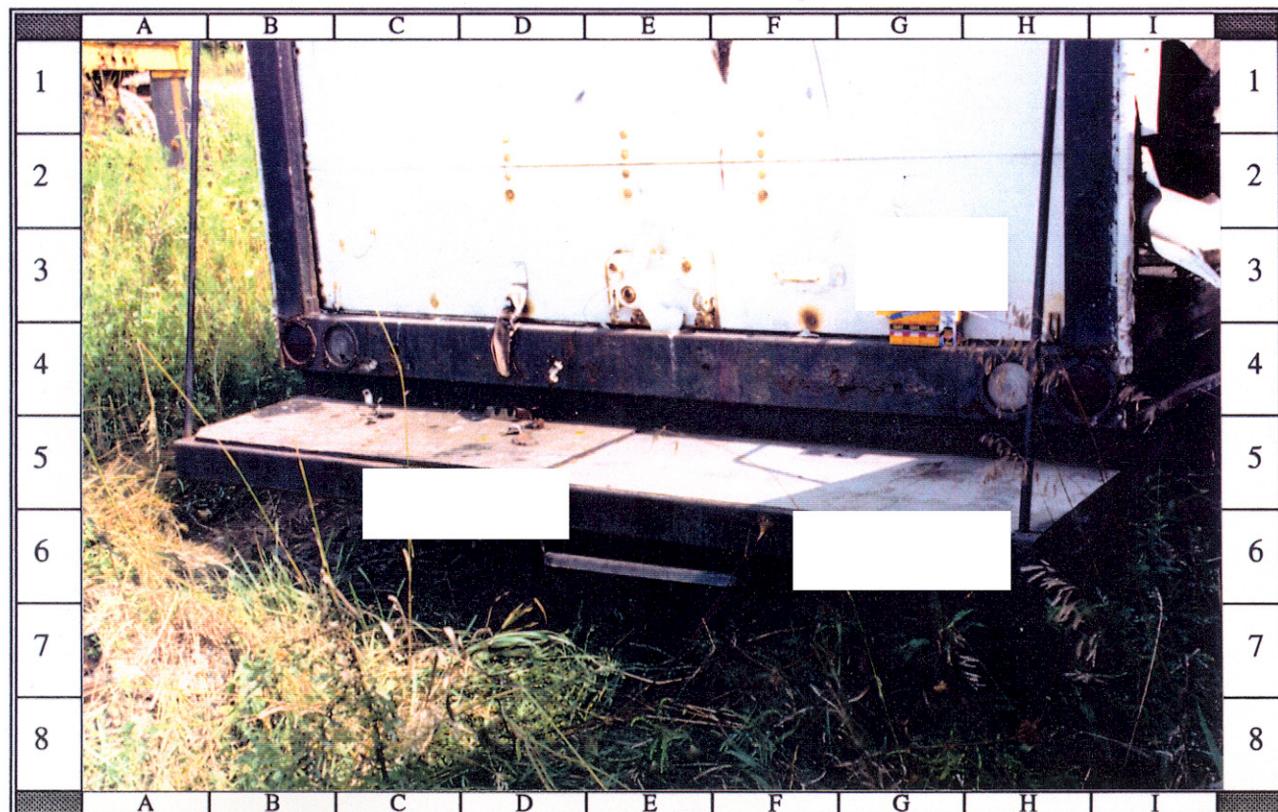
66 -- 1985 Chevrolet cutaway van's fire damaged cargo area viewed from ~ 45 degrees left of back; NOTE: cargo area roof collapse



67 -- 1985 Chevrolet cutaway van's fire damaged cargo area viewed from
~ 10 degrees left of back; NOTE: customized add-on rear bumper



68 -- 1985 Chevrolet cutaway van's fire damaged cargo area viewed from
~ 15 degrees right of back; NOTE: customized add-on rear bumper



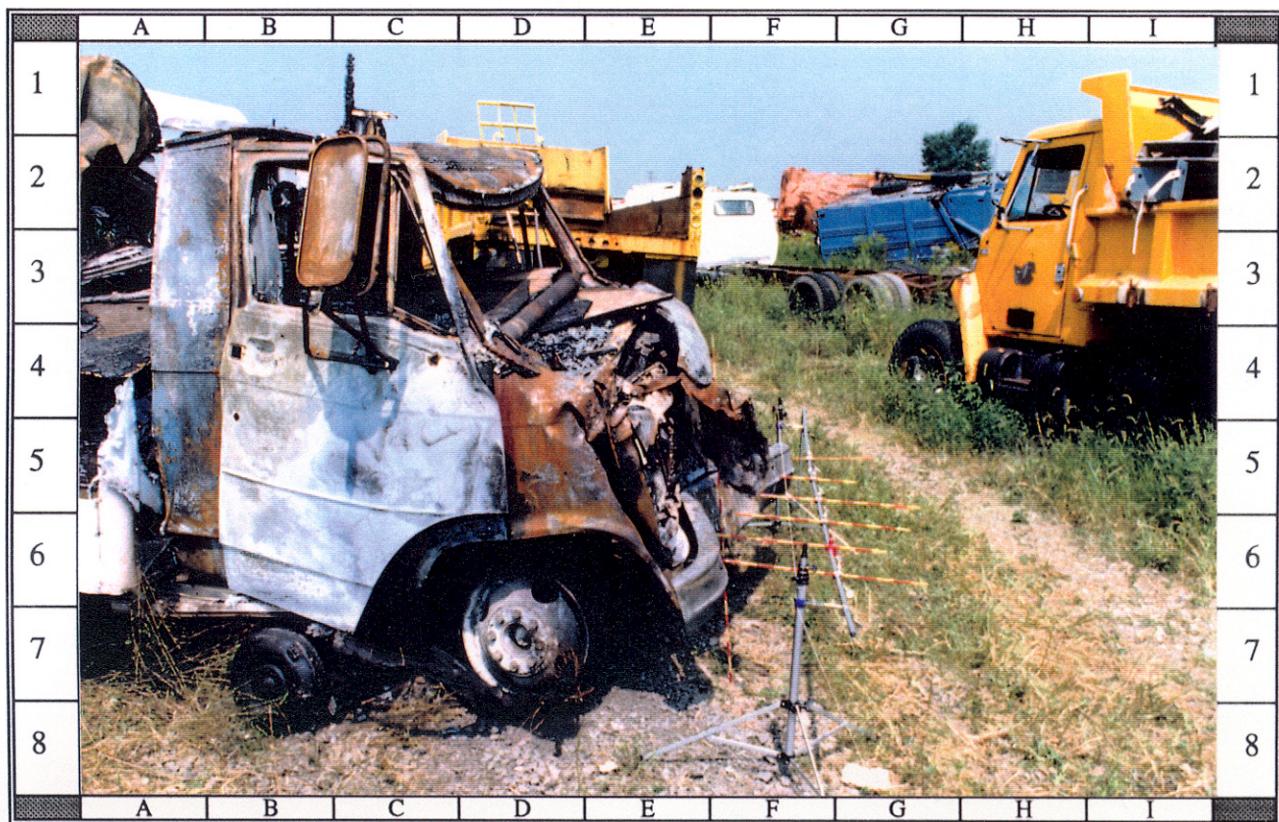
69 -- Close-up view of 1985 Chevrolet cutaway van's customized add-on step-up bumper viewed from ~ 30 right of back



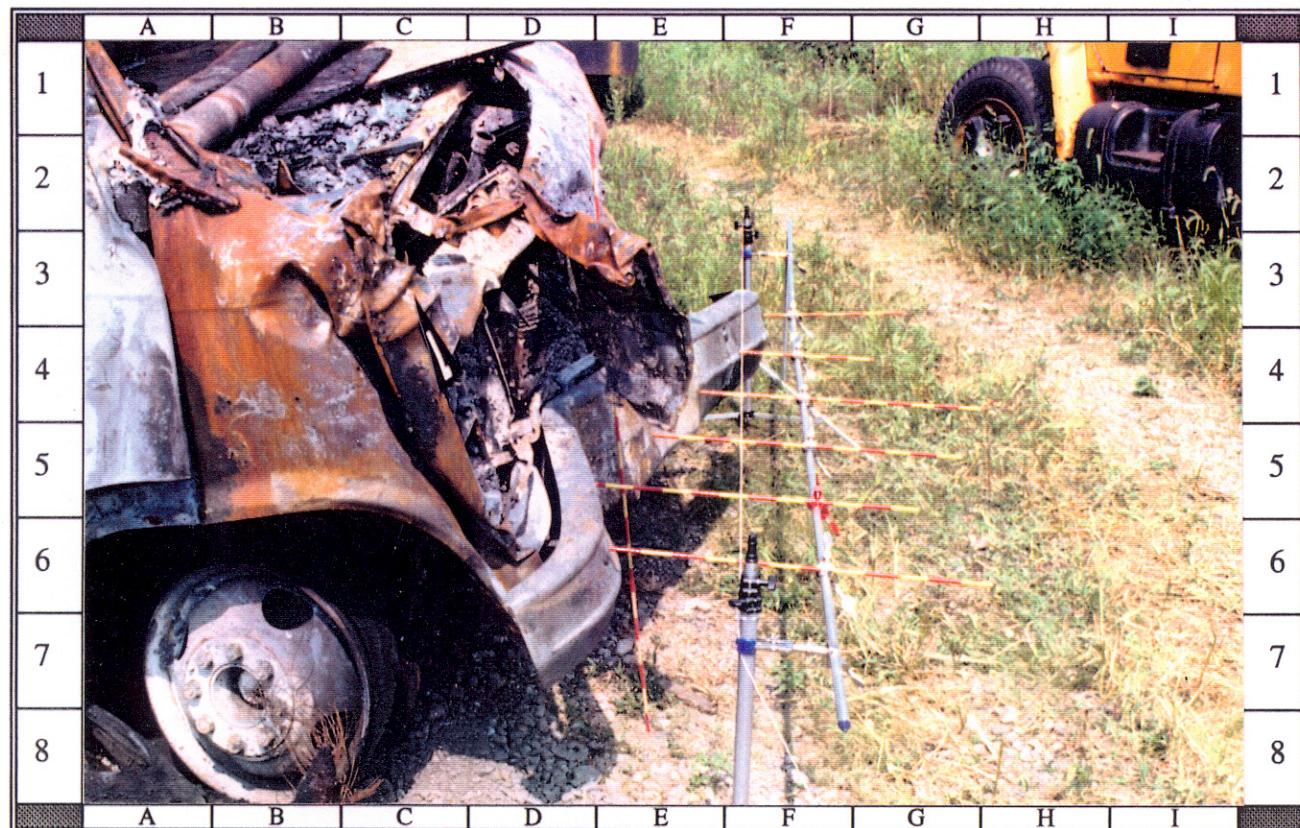
70 -- 1985 Chevrolet cutaway van's fire damaged and collapsed rear cargo area viewed from ~ 60 right of front



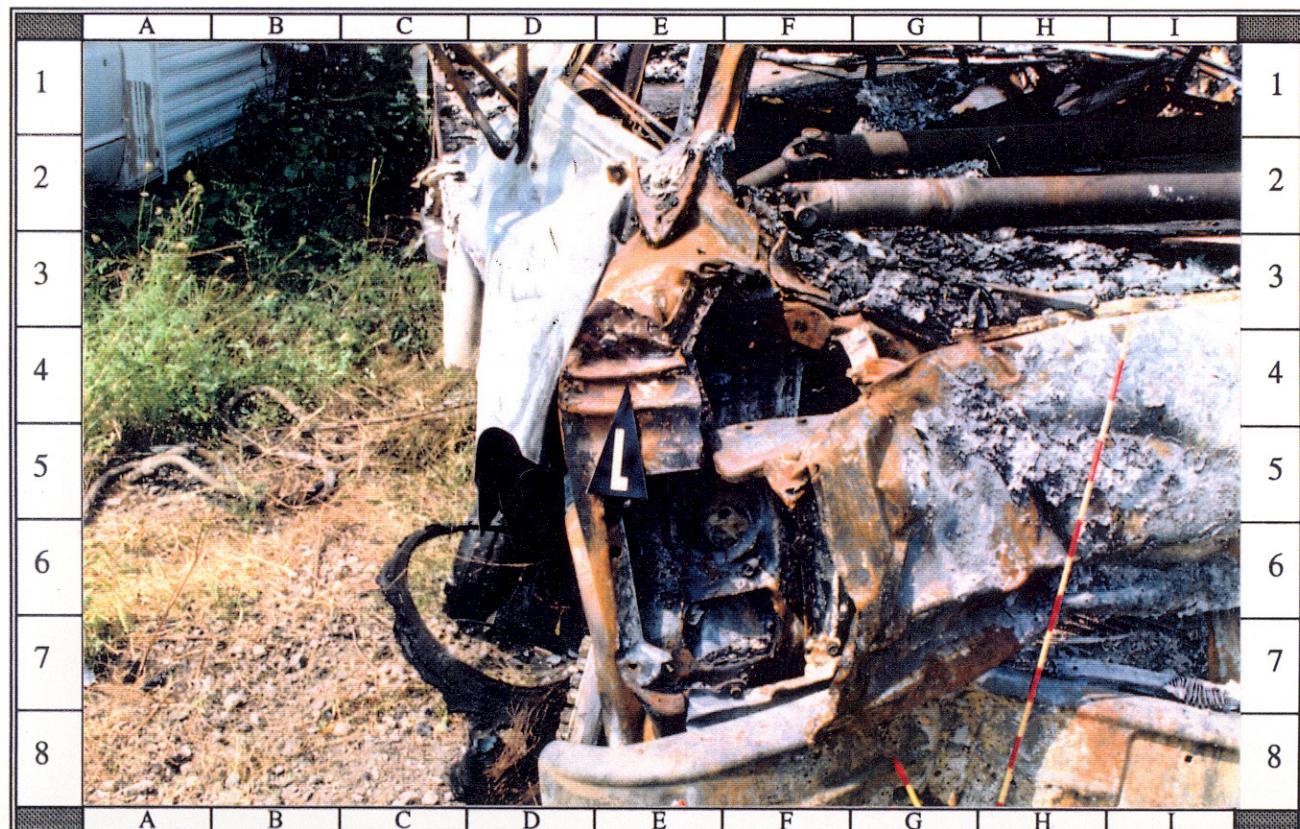
71 -- 1985 Chevrolet cutaway van's frontal crush and fire damaged front cargo area and cab viewed from right



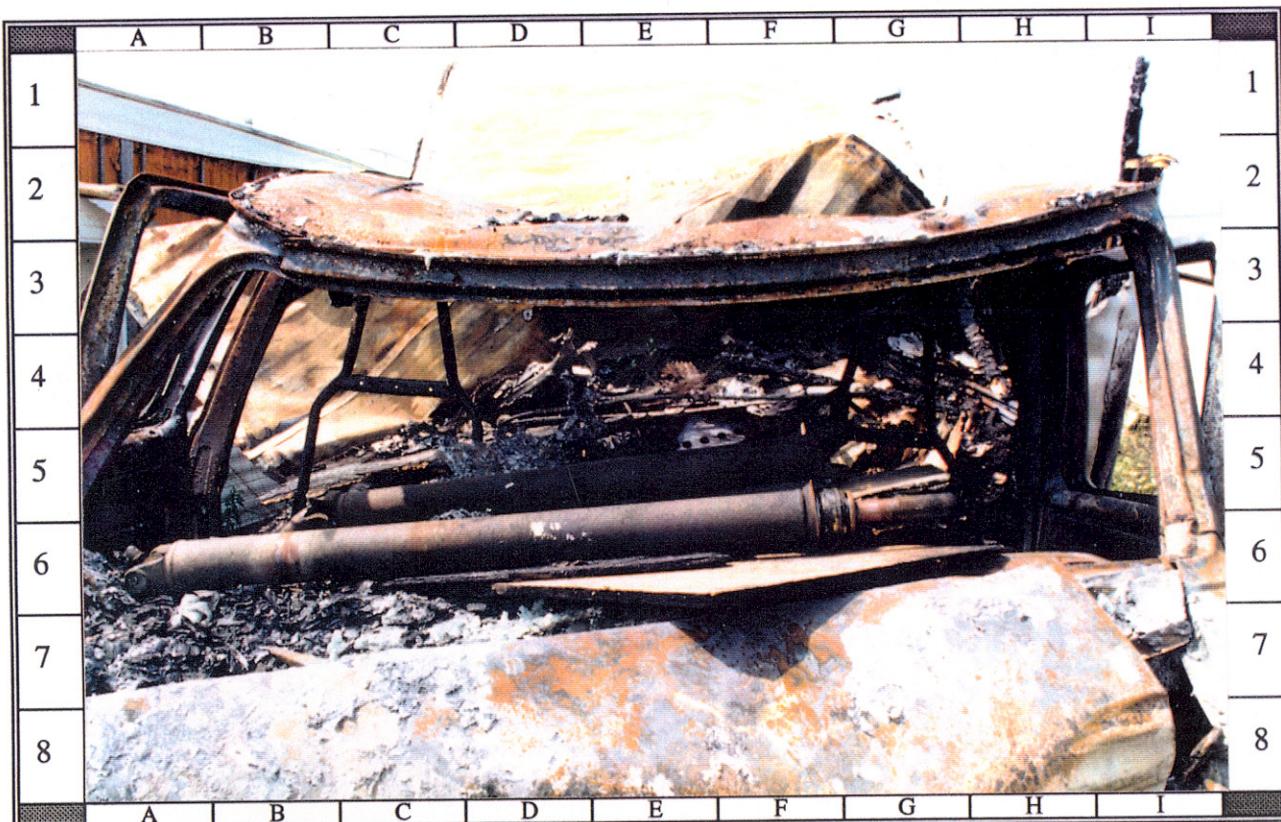
72 -- Reference line view of 1985 Chevrolet cutaway van's front damage from right with contour gauge present



73 -- Close-up reference line view from right showing 1985 Chevrolet cutaway van's frontal crush; NOTE: crush greater to front right



74 -- Close-up of right headlight area of 1985 Chevrolet cutaway van;
NOTE: L points out ribbed like damage from bus's side panel



75 -- Frontal view of 1985 Chevrolet cutaway van's front seating area;
NOTE: drive shaft and cargo area debris obscures front seats



76 -- 1985 Chevrolet cutaway van's front seating area from front right
showing piled debris, bucket seats, and integral head restraints